

FILE FOLDER

DESCRIPTION ON TAB:

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BLDG CLASS 2 PROPERTY RECORD
 (004) UIC..M67001 (001) PR NO.....2-04001
 MCB CAMP LEJEUNE NC (005) FACILITY NO..122
 (106) SPEC AREA....DA
 HADNOT POINT

LOCATION
 (101) COUNTRY..US UNITED STATES
 (102) STATE....37 NORTH CAROLINA
 (103) COUNTY...133 ONSLOW
 (104) CITY.....0735 CAMP LEJEUNE
 (105) AC.....05
 (107) MAP GRID.7J

GENERAL INFORMATION
 (007) ACTION.....CAP-IMPROV
 (008) FAM HOUSING....NO
 (009) EE DATE.....02 OCT 81
 (011) PR REVIEW DATE.02 OCT 81
 (010) FACILITY NAME..
 EM DINING FAC

ACQUISITION
 (201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT...NOY4750
 (203) ACQ DATE.....01 OCT 42
 (204) GOVT COST..... \$459,904
 (207) LAND CGN.....91140

MEASUREMENTS
 (301) LENGTH.... 267 FT
 (302) WIDTH..... 167 FT
 (303) HEIGHT.... 19 FT
 (304)/AREA..... 23,073 SF
 (308) AREA UM...
 (305) STORIES... 01
 (307) IRREGULAR. YES

CONSTRUCTION
 (401) YEAR BUILT.....1942
 (402) CONSTRUCTION TYPE..PERMANENT
 (403) YEAR IMPROVED.....

(404) ABMP CODE.....
 (409) PROJECT NO.....
 (410) HISTORIC IND...

MAINTENANCE
 (701) MAINT UIC..M67001 (702) PRIME USE....72210 (703) MFC...4 USMC

STATUS / UTILIZATION
 (502) CATEGORY CODE...72210 (501) USE..ENLISTED DINING FACILITY
 (510) USER UIC.....M67001.....MCB CAMP LEJEUNE NC

AREA/SF	OTHER/PN*	ALT/	DEF CODES
ADEQ(515)....23,073.00	(516).....1,698.00	(517)	(524)
SBST(518)	(519)	(520)	(525)
INAD(521)	(522)	(523)	(526)
TOTAL	23,073.00	1,698.00	

(104) UIC..M5701
 (100) PR NO.....2-04001
 (105) FACILITY NO..122
 (106) SPEC AREA....DA
 HADNOT POINT

(101) COUNTRY..US
 (102) STATE.....37
 (103) COUNTY....133
 (104) CITY.....0735
 (105) AC.....02
 (107) MAP GRID..VJ
 (100) ACTION.....CAP-IMPROV
 (108) EAM HBUSING.....NO
 (109) EE DATE.....02 OCT 81
 (101) PR REVIEW DATE..02 OCT 81
 (100) FACILITY NAME..EM DINING FAC
 (100) EM DINING FAC

(201) ESTATE.....13 OTHER MIL FUND
 (202) ACQ CONTRACT..NOV4750
 (203) ACQ DATE.....01 OCT 45
 (204) GOVT COST.....\$450,404
 (207) LAND CEN.....91140
 (301) LENGTH.....267 FT
 (302) WIDTH.....167 FT
 (303) HEIGHT.....19 FT
 (304) AREA.....23,073 SF
 (308) AREA UM.....01
 (305) STORIES.....YES
 (307) IRREGULAR

(401) YEAR BUILT.....1945
 (402) CONSTRUCTION TYPE..PERMANENT
 (403) YEAR IMPROVED.....
 (404) ADMP CODE.....
 (400) PROJECT NO.....
 (410) HISTORIC IND.....

(701) MAINT UIC..M5701
 (702) PRIME USE.....72210
 (703) MFG....4 USMC

(501) USER UIC.....M5701
 (502) CATEGORY CODE...72210
 (501) USE..ENLISTED DINING FACILITY

AREA	OTHER VBN*	ALTY	DEF CODES
ADG(515).....23,073.00 (516).....1,698.00 (517)			(524)
282T(518)	(519)	(520)	(525)
INAD(521)	(522)	(523)	(526)
TOTAL	23,073.00	1,698.00	

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
5046	5-2-86	3046	Perfor cyclic maint Rep.
15852	12-14-89	1647	Misc. stru. overch. + Elec. Rep.
6033	9-30-85	756	install a Three Inch Floor Drain with P-Trap under it
4174	no date	1554	Repair 4 referers -
3318	Comp.	9100	Procure contract to clean, strip & reseal.
3075	12-14-90	21	Turn on steam/heat.
1174	6-5-91	335	FAB & INSTALL A SAFETY RAILING W/ 90 DEGREE TURN
3806	2-14-92	1892	INST ELEC OUTLETS & CABLEING OLD FILE TRASH 10/31/95
4249	10-27-93	2018	Rewire walk in Reefer / PURGED 9/10/02
3390	9-15-89	4739	Rem/Rplc detur steam/cond
3450	7-28-95	2324	Replace Freezer Door purged 9/16/98 det
3656	10/27/95	2898	Repair DRAIN LINE for PURGED 99
3705	3-21-97	5996	RPP CERAMIC Tiles & Beverage BAN
3705	3-21-97	4942	1ST AMENDMENT
RC 8902 RC 9902 RC 9902 RC 9902 4329	10/10/97	3133	Rplc A/C compressor
4350	9/25/98	3045	Replace A/C compressor
2084	9/25/98	7565	Procure mtr for marshale generator jobs
EBH0	9/14/01	1929	Cyclic maint 01-4990.3
EBH0	3/21/02	7805	Camdan 02-76351

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
2086	11-28-80	1596	Install eqmpt and used utilities
2160	9-19-80	691	11 2 low counters
2146	8-1-80	348	11 + hook-up to lighting circuit track lights
2122	5-30-80	1340	11 fly fan
2109	4-25-80	1009	Repair dishwasher
4732	4-18-80	1022	Put protective covers on outside corners
3676	1-26-79	905	Repairs to soffers
3733	3-6-81	605	Rprs. to mess hall rcefers
3693	3-13-81	1208	clean cooling and heating coils on A/C system
3492	Comp	1263	Remove exist. incandescant fixtures + replace w/ fluorescent
2110	Comp	12943	Rpr. galley eqmpt.
2097	4-24-81	204	Const. 2 angle frames for ice cream cabinets
3830	Comp	4169	Modify exist. heating controls for computer + local control
2108	Comp	3271	Rpr. Dishwasher
2194	3-19-82	1291	Rpr Hobart food chopper
2028	2-9-82	735	Rpr. Meat slicing machines
1190	Comp	950	Install plastic air curtains
1215	9-17-82	810	Install 12" exhaust fans
1184	11-29-82	601	Release Salad Room + Bake Shop
3628	1/25/83	460	RPR TRAFFIC DOORS
2043		1240	INSPECT Galley Eqv.
2085	3-15-85	8085	Perform preventive maint to the scullery + Galley
3429	3-29-85	468	Rewood overhead lights in Food Handling Area
3578		638	Downsize central A/C. in Bldg 9- 02-011-325-411
3611		1924	Secure steam + return to serv.
4300	Comp	6417	Rpl Existing Elec. Circuits To Ice Machine Eqv
4796	3-29-85	500	Rpl Broken P TRAP and Floor Drain
4894	Comp.	135	ASSIST Shop 41 in Repairing Doors as Req.

Built up 1794 sf, Metal 156, Asbestos 23,642

BLDG NO 122	INT. PAINT SQ FT 40,937 sf	EXT. PAINT SQ FT 2294 sf	ROOF SQ FT 149 windows	25,592 sf	CONDEN. LINES LIN FT	FACILITY HISTORY RECORD MCBCL 11011/3
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JOB ORDER NO or Contract No.	DATE COMPLETED Signed	COST	DESCRIPTION
022-06747-620	1/2/62		Remove vent (C-3/27/62)
022-05747-610	8/4/61		Reinstall dishwasher and sink
022-06876-620527	4/11/62		Renovate transformer stations
023-03100-82	2/5/63		Renovation
NB4-04448-22043C	10/9/63	65.15	Paint exterior
CONTRACT	C 10/6/61		Restoration of floor
5186	9-3-76	6,277	repairs to bldg int.
N62470-71-C-0536			Install garbage disposal equipment
AA1-23-37123314	2/26/71	3294	Interior paintwork
AA3-23-430423X	6/22/73	—	Relocate decking + metal covers (exhaust fan)
AA3-23-4301-2351	11/9/73	215	Replace overloaded 100 @ switch w/200 A
AA3-234213-23T	1/5/73	478	Replace trap + drain line. Incr. to 3"
AA3-23630-2351	2/9/73	278	Repairs to Mess Hall equip.
3764	7-26-74	1494	Rep + paint exterior 2 coats
3631	7-15-74	8465	Rep + paint interior " "
1110	11-30-73	2318	Relocate galley equip
2443	7-3-74	193	Remove 2 deep fat fryers; install 3 gas deep fat fryers
3924	8-22-73	310	Replace trap + floor drain
4529	3-14-75	412	Appl drainage pipe
2453	6-17-75	722	Install rotating trustees
2528	7-22-75	5420	Install 5 inc machines + modify drains
2750	2-3-75	213	PM follow up on mess hall equipment
2777	3-7-75	275	Relocate outlets

JOB ORDER NO	DATE COMPLETED	COST	DESCRIPTION
2477	10/27/74	507	Install Plumbing & electric to console
2823	7/18/76 2110	3110	Install steam, water, drain & elect service
2494	11-26-76	222.00	Instace (2) 230 volt - 10 outlets for new toaster
4702	9-23-77	842.	Ext repairs & paint
4016	7-15-77	770	replace & paint doors
2663	6-20-77	709	Replace 2 fly pans
3357	5-12-78	961	install floor drain
4167	4-26-78	2786	Repairs roof, ceiling & paint ceiling
3546	4-13-79	1591	Cover ceiling with aluminum and caulk around edges in walk-in freezer
2760	10-27-78	460	Repair ice machine
5205	12-8-78	302	Repair a/c
4893	7-21-78	2483	Repl missing window screen
4012	4-21-78	2523	Paint and make necessary repairs
2585	3-10-78	1458	Connect vent, water, steam and electricity to scullery machine
79-C-9442	9-15-81	3,128.87	Correction to ventilation system
80-C-2059	8-15-81	21,160.	Freezer & Cooler Installation
3361	12-5-79	19,491	Int Repr & pt
2009	12-14-79	889	Anchor (8) Steam Kettle to deck
3041	11-2-79	194	make into repr
4732	8-29-79	2340	Put protective covers on outside con
3964	3-8-79	1248	Job & install bump stop
4329	5-4-79	3224	MC Repr to heavy septon
4147	4-16-79	970	Remove (39) incandescent light fixture
2136	2-27-81	266	Install outlets for salad bar
3105	12-2-80	221	Increase stack of oven vent
2160	1980	691	Install 2 beer counters
3045	1-30-81	671	Repl. Broken or missing covers on floor tiles

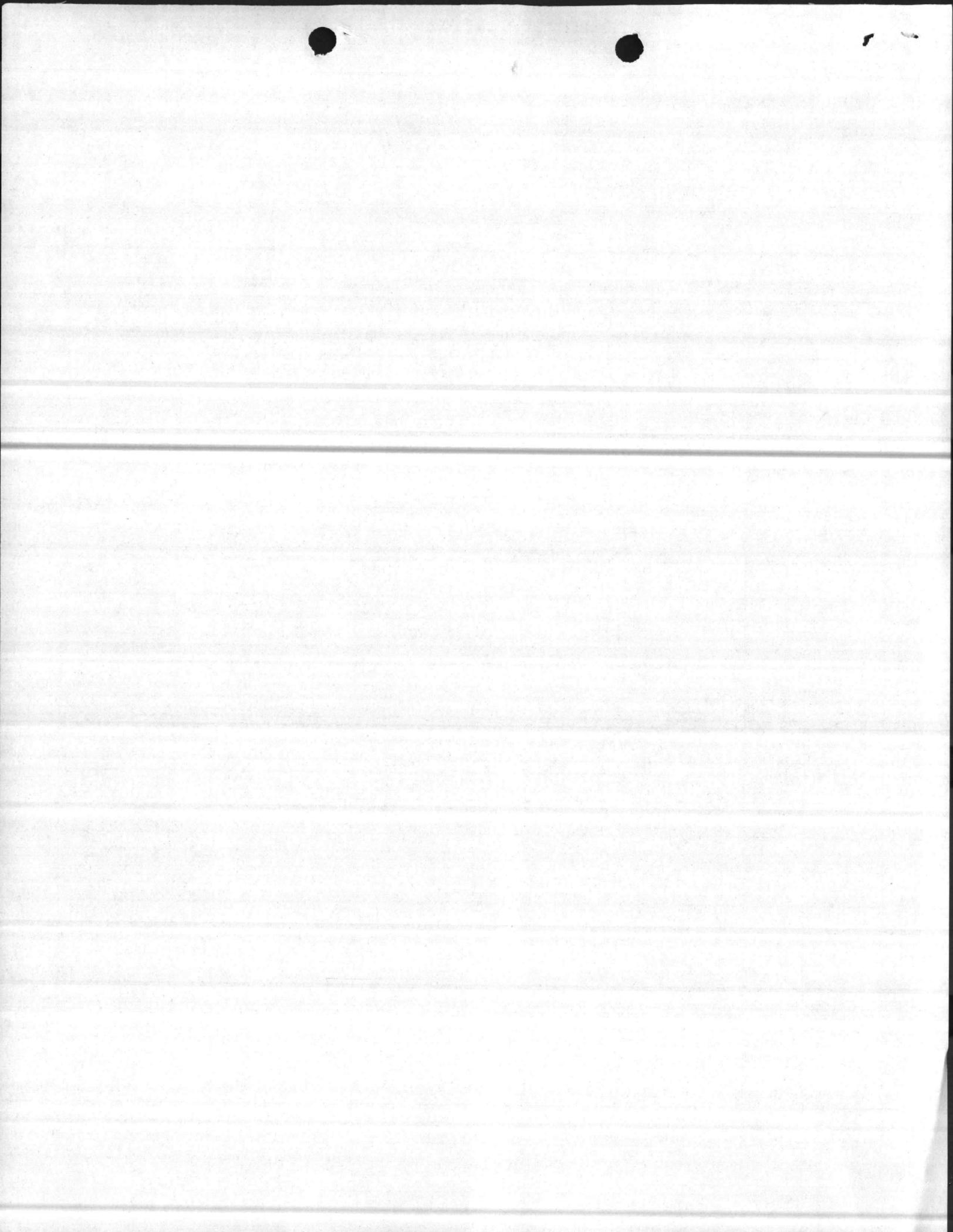
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DESCRIPTION:

work requests

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Work Order Ticket

ROUTINE SERVICE

Shop: 41

Work Order: 03-67421
POC: TIM LUFT
Phone: 451-5189
Entered By: MILLERR

Status: WAPPR
Report Date: 27-MAR-2003 09:55 AM
Respond By: 10-APR-2003 09:55 AM
Target Comp Date:

Service Requested: REMOVE DAMAGED PLASTER SCRAPE AND PREPARE
No additional information available.

Building/Location: 122 Bldg Descrip: EM DINING FAC
Equipment #: Equip Descrip:
MFG: S/N:
Actual Location: GALLEY BY SERVING LINE DOOR
PM #: Job Plan #:

Assigned To: Supervisor: Craft: MASON

FINANCIAL INFORMATION

For ISD Use Only

For SSC/GSA Use Only

JON: CLM1



AD32323AD2302T



03-67421



M93058ADAD

Ensure all lock-out/tag-out procedures are followed, wear proper PPE, and review MSDS as required.

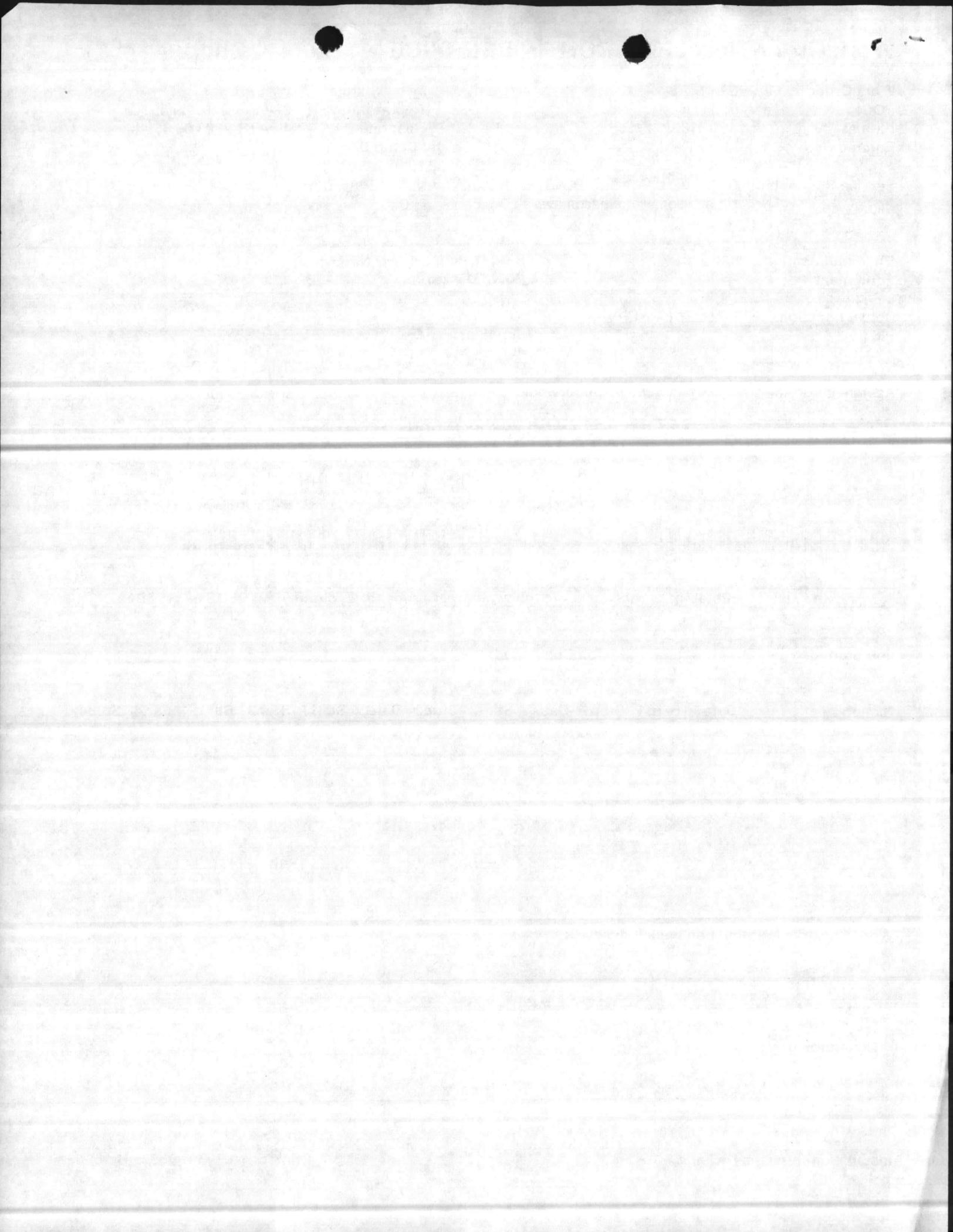
Job Started: Job Completed: Units:

Name	Date	Start1	Stop1	Date	Start2	Stop2	Date	Start3	Stop3	Date	Start4	Stop4

Work Remarks (continue on back if needed):

Customer Acceptance:

Signature: Date:





Handwritten signature or initials.

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	JEO
DISAPPROVED	

Requestor use instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM BASE FOOD SERVICE	M.H. 12B	2. REQUEST NO. B053/5319-03
3. TO BASE MAINTAINANCE		4. DATE OF REQUEST 031103
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 031503
6. FOR FURTHER INFORMATION CALL TIM HUFT 451-5189/2447		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.) PROBLEM: THE CEILING OVER THE DOOR WAY TO THE SERVING LINE CAVED IN & KNOW IT LEAKS EVERYTIME IT RAINS. INSP LOCATION: THE DOOR WAY THAT GOES TO THE SERVING WINE TO THE GARHEY. JUSTIFICATION: IT'S A SAFETY HAZARD 15X15 ceiling JEO 1050 031803 410'X5' AREA sheetrock/Tile		
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>	

PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN 03-62491
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____ IF _____
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
f. Total	16. SIGNATURE
	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)

NO. 1	1952	1000
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10

PP

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	JEO
DISAPPROVED	

Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM BASE FOOD SERVICE	2. REQUEST NO. B053/5320-03
3. TO BASE MAINTANANCE OFFICE	4. DATE OF REQUEST 03/1/03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 03 15 03
6. FOR FURTHER INFORMATION CALL TIM LUFT 451-5189/2447	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.) Problem: THE DOOR GASKET COOLING UNIT ON THE ICE MACHINE NEEDS TO BE REPIACE. LOCATION: IN THE GAHNEY BY THE SLOTHERY ROOM JUSTIFICATION: MESSHABH UPKEEP	
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>

JEO
 1053
 031203

PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN 03-62483
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____ IF _____
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
f. Total	16. SIGNATURE
	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	JEO
DISAPPROVED	

Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM BASE FOOD SERVICE	M.H. 122	2. REQUEST NO. 0053/5321-03
3. TO BASE MAINTANCE		4. DATE OF REQUEST 03/10/03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 03/16/03
6. FOR FURTHER INFORMATION CALL TIM BUFT 451-2447		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.) 63 PROBLEM: THE METAL FLOOR ON THE OUTSIDE REFFER IS LOOSE & GAPPED. LOCATION: THE OUTSIDE REFFER BEHINE THE MESSHALL. JUSTIFICATION: UP KEEP OF MESSHALL, SANITATION.		

JEO
 1050
 031003

[Handwritten Signature]

PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN 03-62494 <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ PROGRAMMING TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	
c. Overhead and/or Surcharge	
d. Equipment Rental/Usage	
e. Contingency	
f. Total	16. SIGNATURE
	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)

STATE OF NEW YORK
OFFICE OF THE COMPTROLLER
ALBANY

11-11-11

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	JEO
DISAPPROVED	

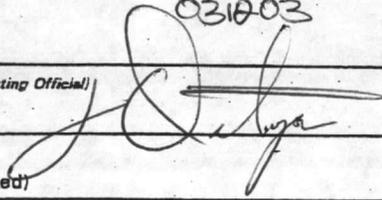
Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM BASE FOOD SERVICE	2. REQUEST NO. M.H. 109 B053/5322-03
3. TO BASE MAINTANCE	4. DATE OF REQUEST 03/11/03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 03/16/03
6. FOR FURTHER INFORMATION CALL TIM LUFT 461-2447	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
 PROBLEM: TWO BACK DOCK DOOR DO NOT LOCK PROPERLY. 45
 LOCATION: IN THE BACK OF THE MESS HALL, DOORS LEAD IN TO THE BACK OF THE GALLERY.
 JUSTIFICATION: SECURITY OF MESS HALL

JEO
 1050
 031003



9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN 03-62495
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____ IF _____
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
f. Total	16. SIGNATURE
	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)

STATE OF CALIFORNIA
COUNTY OF [illegible]
[illegible]
[illegible]

WORK REQUEST (MAINTENANCE MANAGEMENT)

Base Food Service Office

MCB, Camp Lejeune

(PW DEPARTMENT SEE INSTRUCTIONS IN)
NAVFAC MO_ 321)

APPROVED *RKH*

DISAPPROVED

PART I-REQUEST (Filled out by Requestor)

1. FROM Mess Hall Manager Mess hall 122	2. REQUEST NO. <i>B05315300-03</i>
3. TO Base Facilities Maintenance Officer	4. DATE OF REQUEST 14-Jan-03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 16-Jan-03
6. FOR FURTHER INFORMATION CALL Timothy Luft 451 2447 or 526 6608	7. SKETCH PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Location: Mess hall 122 on "A" street.

Problem: In Assistant managers office the safe which we secure funds in needs drawers repaired.

Justification: There was an attempt to break into this safe and two drawer were damaged. Military Police are investigating it.

Remarks: This safe and drawers have money in them and needs to be turned in.

*1321
01/16/03
45*

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i> G.M.
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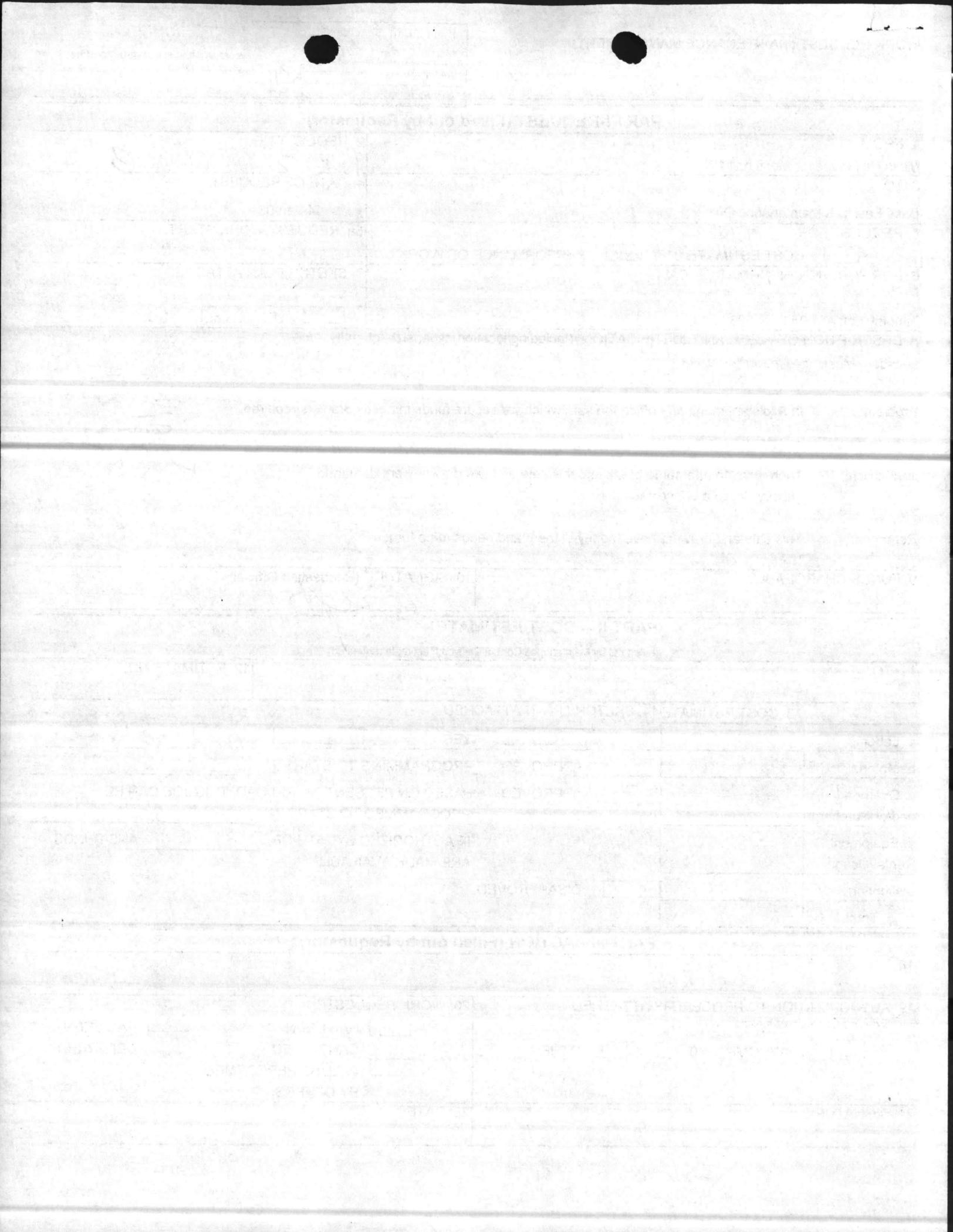
PART II -- COST ESTIMATE

(Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH / PLAN ATTACHED
a. Labor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>07-39605</i>
b. Material	<input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	<input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN. _____
d. Equipment Rental/Usage	IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE
e. Contingency	<input type="checkbox"/> DISAPPROVED.
f. Total	

PART III --ACTION (Filled out by Requestor)

18. TO	20. WORK REQUESTED
19. AUTHORIZATION TO PROCEED IS ATTACHED (CHECK ONE IF OTHER THAN PW FUNDS ARE INVOLVED)	<input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	<input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE



Base Food Service Office	
MGB, Camp Lejeune	
APPROVED	RMH
DISAPPROVED	

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510
 Supersedes NAVDOCKS 2351

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM MSGT Jackson / Gysge Bacon MH 122 A-Street		2. REQUEST NO. B053/5298-03
3. TO Base Maintenance Officer		4. DATE OF REQUEST 10 Jan 03
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START 10 Jan 03
6. FOR FURTHER INFORMATION CALL Gysge Bacon / MSGT Jackson 451-2447/5189		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

6. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
 Open jammed lock on military office safe in military office MH 122.

(Critical material needs to be gotten out of safe)

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
---------------------	---

PART II—COST ESTIMATE
(Filled out by Maintenance Control Division if estimate requested)

11. TO:		12. ESTIMATE NO.
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN <u>03-37058</u> <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	\$	
c. Overhead and/or Surcharge	\$	
d. Equipment Rental/Usage	\$	
e. Contingency	\$	
f. TOTAL	\$	16. SIGNATURE
		17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO:		20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS	
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER		22. DATE	
21. SIGNATURE			

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510
 Supersedes NAVDOCKS 2351

Base Food Service Office
MOB, Camp Lejeune
APPROVED <i>RMH</i>
DISAPPROVED

(PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM <i>MSGT Jackson / Gysge Bacon MH 122 A-Street</i>		2. REQUEST NO. <i>B053/5298-03</i>
3. TO <i>Base Maintenance Officer</i>		4. DATE OF REQUEST <i>10 Jan 03</i>
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START <i>10 Jan 03</i>
6. FOR FURTHER INFORMATION CALL <i>Gysge Bacon / MSGT Jackson 451-2447/5189</i>		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

6. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)
Open jammed lock on military office safe in military office MH 122.

(Critical material needs to be gotten out of safe)

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official) <i>[Signature]</i>
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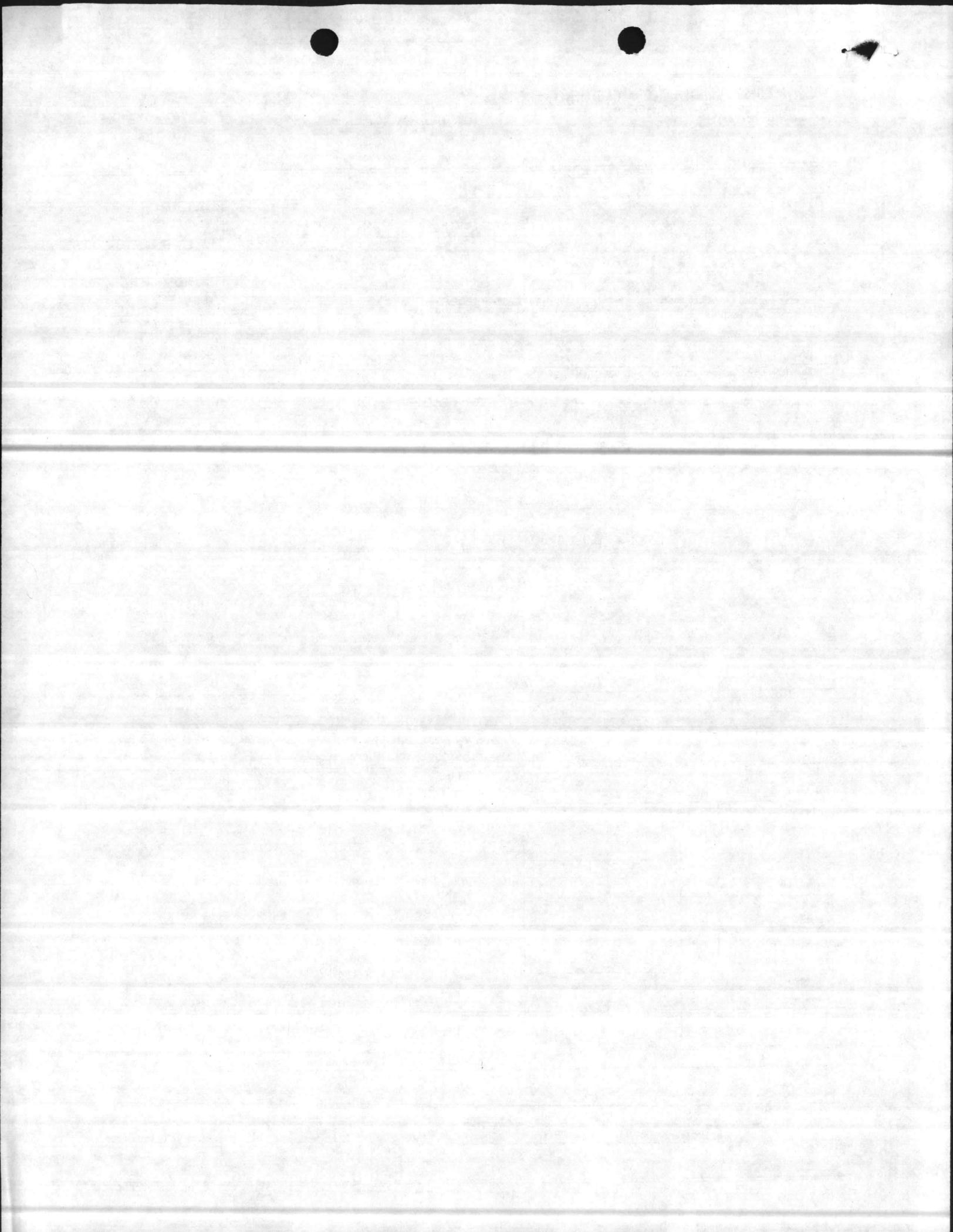
PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO:		12. ESTIMATE NO.
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	\$	
c. Overhead and/or Surcharge	\$	
d. Equipment Rental/Usage	\$	
e. Contingency	\$	
f. TOTAL	\$	16. SIGNATURE
		17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO:		20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS	
19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER		22. DATE	
21. SIGNATURE			

(See Part IV on Reverse Side)



W/2000 with cancelled due to no working party

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

01-75127

Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

13053

1. FROM Messhall #122, 8th Marines, (Messhall on "A" Street)	2. REQUEST NO. 4746-01
3. TO Base Maintenance Via: Base Food Service Property Dept.	4. DATE OF REQUEST 010910
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 010911
6. FOR FURTHER INFORMATION CALL 451-2010 / 5189 Msgr J. Adams	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Item: screens in the messhall
 Location: Bld 122

Problem: need new screens to replace the broken ones
 Justification: Upkeep of government property and security of government property

OPS
H

'01 SEP 14 PM 3 16
 BASE MAINTENANCE
 OPERATIONS DIVISION

RECEIVED

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
 [Signature: Sgt Reese]

PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ PROGRAMMING TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	
c. Overhead and/or Surcharge	
d. Equipment Rental/Usage	
e. Contingency	
f. Total	16. SIGNATURE
	17. DATE

RECEIVED
 '01 SEP 25 PM 2 08
 BASE MAINTENANCE
 OPERATIONS DIVISION

PART III—ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

1000
1000

1000

WORK REQUEST (MAINTENANCE MANAGEMENT)

NAVFAC 9-11014/20 REV. 2-68) S/N 0105-LF-002-7510

Supersedes NAVDOCKS 2351

Computer generated

15:05
020912 (PW Department see Instructions in NAVFAC MO-321)

Requestor see Instructions on Reverse Sides

PART I—REQUEST (Filled out by Requestor)

1. FROM COMMANDING OFFICER, 1ST BATTALION 8TH MARINES		2. REQUEST NO. DO14 / 243
3. TO DIVISION BASE MAINTENANCE		4. DATE OF REQUEST 020912
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK		5a. REQUEST WORK START ASAP
6. FOR FURTHER INFORMATION CALL SGT. NIPKO, FACILITIES 451-4417		7. SKETCH/PLAN ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION AND JUSTIFICATION (Including location, type, size, quantity, etc.) LOCATION: MH 122 DESCRIPTION: RECEIVING DOOR KNOB JAMED, CANNOT SECURE JUSTIFICATION: PROPER SECURITY OF MESS HALL		
9. FUNDS CHARGEABLE 1ST BN 8TH MARINES		10. SIGNATURE (Requesting Official) <i>[Signature]</i> SGT. NIPKO 1/8 FACILITIES CHIEF

PART II—COST ESTIMATE

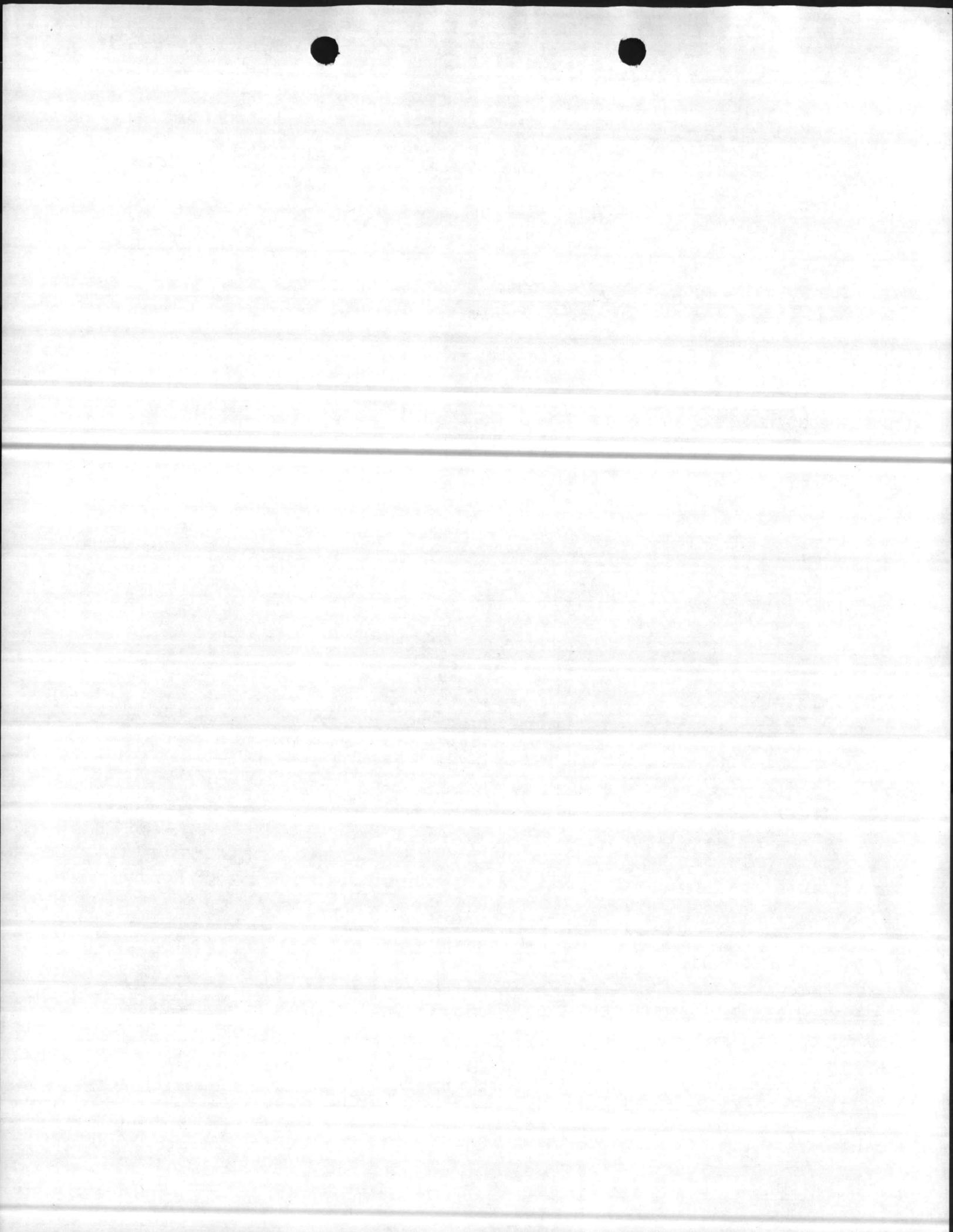
(Filled out by Maintenance Control Division if Estimate Requested)

11. TO		12. ESTIMATE NO.	
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
a. Labor	\$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____, IF BY 25 th OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)	
b. Material	\$		
c. Overhead and / or Surcharge	\$		
d. Equipment Rental/ Usage	\$		
e. Contingency	\$		
f. TOTAL	\$	16. SIGNATURE	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO:	
19. AUTHORIZED TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE

(See Part IV on Reverse Side)



COMPLETED

MATERIAL RECEIVED

PRINT NAME _____ DATE _____

CONTACT _____

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

PW Department see instructions
 in NAVFAC MO-321

02-147877

Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

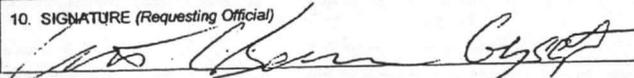
1. FROM Messhall #122, 8th Marines, (Messhall on "A" Street)		2. REQUEST NO.
3. TO Base Maintenance Via: Base Food Service Property Dept.		4. DATE OF REQUEST 020625/1950
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE	<input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START
6. FOR FURTHER INFORMATION CALL GySgt. Bacon @ 451-2010		7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.) Requesting Traffic Paint for up keep of Messhall appearance.

Yellow Traffic Paint - 3 gallon
 White Traffic Paint - 2 gallon
 Black Traffic Paint - 2 gallon
 Red Traffic Paint - 1 gallon

ops/REN

FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)


PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO		12. ESTIMATE NO.
13. COST ESTIMATE		14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor		15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
b. Material		<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge		PROGRAMMING TO START IN _____, IF
d. Equipment Rental/Usage		AUTHORIZED BY 25TH OF _____ AND FUNDS
e. Contingency		<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
f. Total	16. SIGNATURE	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO		20. WORK REQUESTED		
j. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved)		<input type="checkbox"/> HAS BEEN CANCELLED	<input type="checkbox"/> HAS BEEN DEFERRED	<input type="checkbox"/> WILL BE PERFORMED BY OTHERS
<input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER		22. DATE		
21. SIGNATURE				

(See Part IV on Reverse Side)

PP-011-5

PP-011-5

Requestor see instructions on Reverse Side
 Base Food Service Office
 MCB, Camp Lejeune

PART I—REQUEST (Filled out by Requestor)

1. FROM Messhall #122, 8th Marines Regiment (Messhall on "A" Street)	2. REQUEST NO. 13053 5088-02
3. TO Base Maintenance Via: Base Food Service Property Dept.	4. DATE OF REQUEST 020613
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 020614
6. FOR FURTHER INFORMATION CALL Cpl. Price @ 451-2010	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

Item: Keys.
 Location: Messhall Managers office, Front Office.
 Description: Requesting copies of the keys to be made.
 Justification: Upkeep of Government property.

45

05030
 070621
 CVP

02-146054

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____, IF
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.
e. Contingency	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
f. Total	16. SIGNATURE
	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

81.

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

PW Department see instructions
 in NAVFAC MO-321

020604
 0835

Base Food Service Office
 MCB, Camp Lejeune
 APPROVED
 Requestor see instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)

1. FROM Messhall #122, 8th Marines, (Messhall on "A" street)	2. REQUEST NO. B-053 5053-02
3. TO Base Maintenance Via: Base Food Service Property Dept.	4. DATE OF REQUEST 020530
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 020601
6. FOR FURTHER INFORMATION CALL Cpl. Price @ 451-2010	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Item: Window screens.
 Location: Throughout messhall.
 Description: Screens need replacing.
 Justification: Upkeep and security of government property.

Review
 22-140981

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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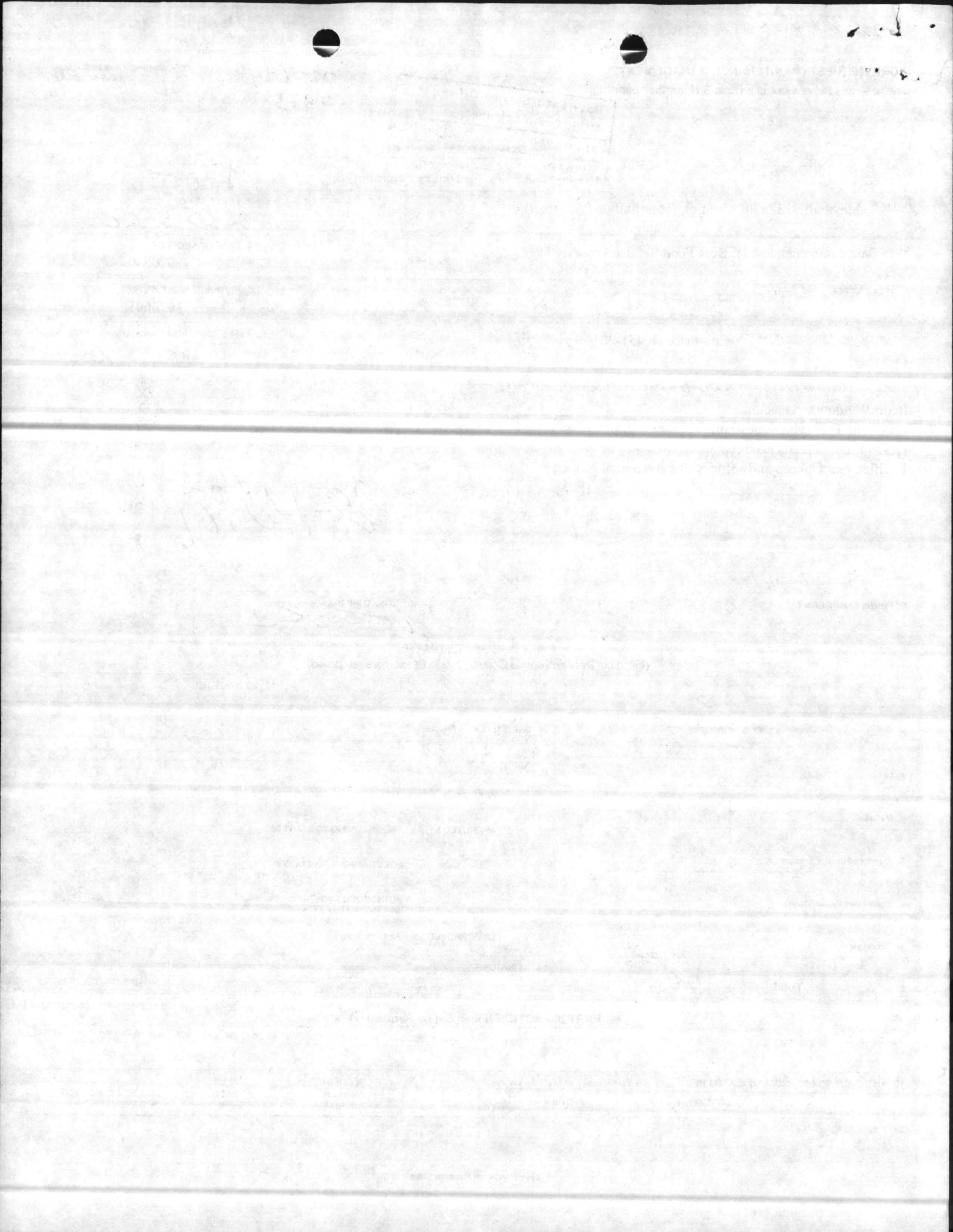
PART II—COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ PROGRAMMING TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	
c. Overhead and/or Surcharge	
d. Equipment Rental/Usage	
e. Contingency	
f. Total	16. SIGNATURE
	17. DATE

PART III—ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)



WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

PW Department see instructions
 in NAVFAC MO-321

020604
 0835

Base Requestor See Instructions on Reverse Side
 MCB, Camp Lejeune
PART I--REQUEST (Filled out by Requestor)
 APPROVED

1. FROM Messhall #122, 8th Marines, (Messhall on "A" Street)	2. REQUEST NO. B-053 5052-02
3. TO Base Maintenance Via: Base Food Service Property Dept.	4. DATE OF REQUEST 020529
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 020531
6. FOR FURTHER INFORMATION CALL Cpl. Price @ 451-2010	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Item: Door glass
 Location: Exit doors of messhall (rear)
 Problem: Glass is broken and needs to be replaced
 Justification: Upkeep and security of Government property

A3
 02-140957

9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
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PART II--COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____ PROGRAMMING TO START IN _____, IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material	
c. Overhead and/or Surcharge	
d. Equipment Rental/Usage	
e. Contingency	
f. Total	16. SIGNATURE
	17. DATE

PART III--ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	

(See Part IV on Reverse Side)

PC 1230
2330

20-5-50

Base Food Service Office	
MCB, Camp Lejeune	
APPROVED	/ CA.
DISAPPROVED	
Requestor see instructions on Reverse Side	

PART I--REQUEST (Filled out by Requestor)

1. FROM Messhall #122, 8th Marines, (Messhall on "A" street)	2. REQUEST NO. B-053 5046-02
3. TO Base Maintenance Via: Base Food Service Property Dept.	4. DATE OF REQUEST 020521
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input checked="" type="checkbox"/> PERFORMANCE OF WORK	5a. REQUEST WORK START 020522
6. FOR FURTHER INFORMATION CALL Cpl. Price @ 451-2010	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Item: Reach in refrigerator
 Location: Galley
 Problem: Requesting LTI on equipment
 Justification: Upkeep of Government property

02-138524

020524
1030

Model # **RLT1-32WUT** Serial # **M4750405M** Cost # **1,200**

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)
Antoine G. G...

PART II--COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor	15. <input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
b. Material	<input type="checkbox"/> APPROVED PROGRAMMING TO START IN _____
c. Overhead and/or Surcharge	PROGRAMMING TO START IN _____, IF
d. Equipment Rental/Usage	AUTHORIZED BY 25TH OF _____ AND FUNDS
e. Contingency	<input type="checkbox"/> DISAPPROVED. (See Reverse Side)
f. Total	16. SIGNATURE
	17. DATE

PART III--ACTION (Filled out by Requestor)

18. TO	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER	20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS
21. SIGNATURE	22. DATE	



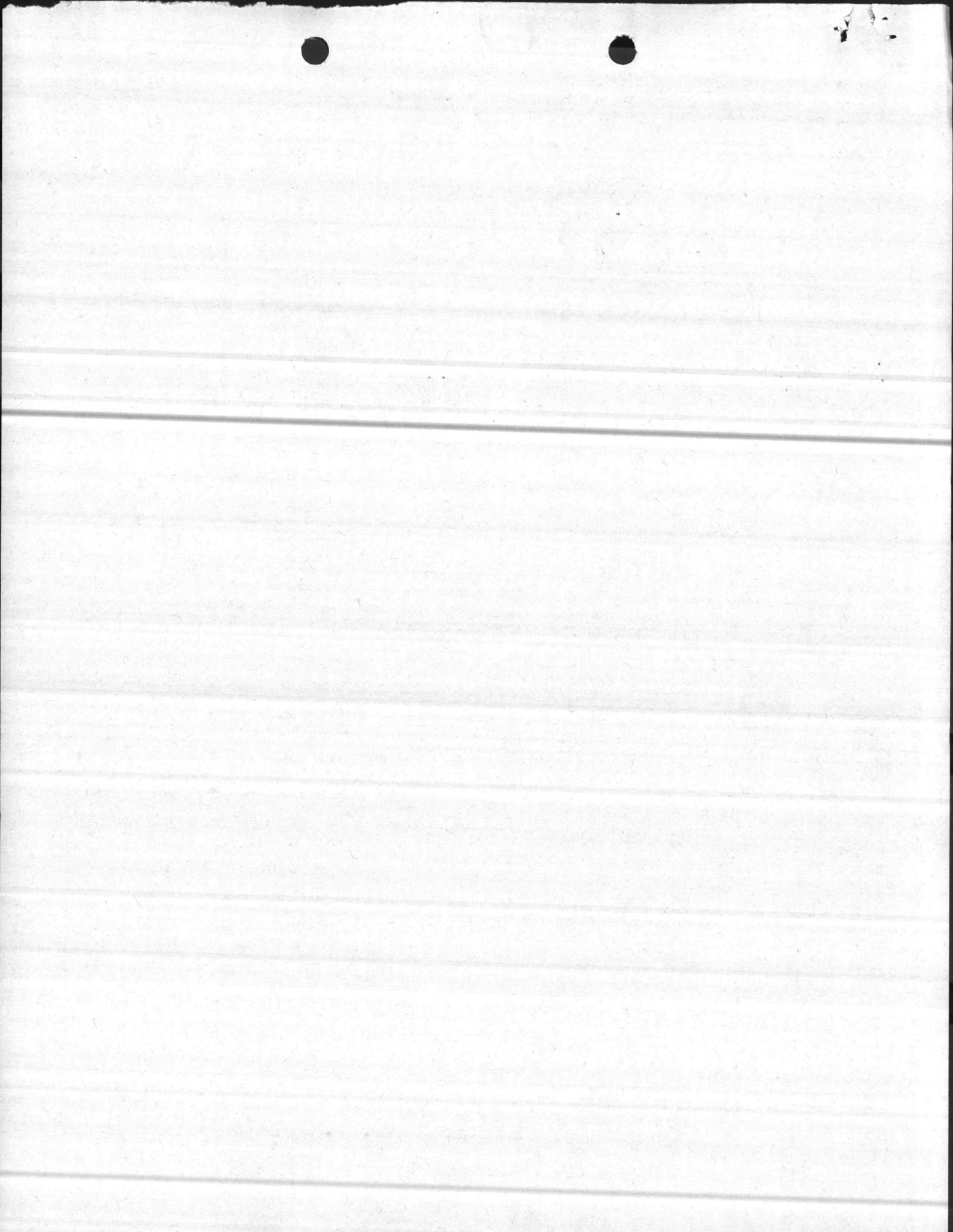
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10/1/50

10/1/50



WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC 9-11014/20 (REV. 2/94 (EF)) (New S/N number pending)

PW Department see instructions
 in NAVFAC MO-321

020520
 1009
 6

Base Food Service Office
 MCB, Camp Lejeune
 APPROVED
 DISAPPROVED

Requestor see instructions on Reverse Side

PART I--REQUEST (Filled out by Requestor)

B-053

1. FROM Messhall # 122, 8th Marines, (Messhall on "A" Street)

2. REQUEST NO.

5024-02

Base Maintenance Via: Base Food Service Property Dept.

4. DATE OF REQUEST

020509

5. REQUEST FOR

COST ESTIMATE

PERFORMANCE OF WORK

5a. REQUEST WORK START

020510

6. FOR FURTHER INFORMATION CALL GySgt. Bacon @ 451-2010

7. SKETCH/PLAN ATTACHED

YES

NO

8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)

Item: Proofing cabinet.

Location: Galley.

Problem: Requesting installation of proofing cabinet.

Justification: Upkeep of Government property.

Review

9. FUNDS CHARGEABLE

10. SIGNATURE (Requesting Official)

[Signature]

PART II--COST ESTIMATE
 (Filled out by Maintenance Control Division if estimate requested)

11. TO

12. ESTIMATE NO.

13. COST ESTIMATE

14. SKETCH/PLAN ATTACHED

YES

NO

a. Labor

15.

APPROVED

PROGRAMMING TO START IN _____

b. Material

APPROVED

PROGRAMMING TO START IN _____

c. Overhead and/or Surcharge

PROGRAMMING TO START IN _____, IF

d. Equipment Rental/Usage

AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE.

e. Contingency

DISAPPROVED. (See Reverse Side)

f. Total

16. SIGNATURE

17. DATE

PART III--ACTION (Filled out by Requestor)

18. TO

19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved)

NAVCOMPT 140

OTHER

20. WORK REQUESTED

HAS BEEN CANCELLED

HAS BEEN DEFERRED

WILL BE PERFORMED BY OTHERS

21. SIGNATURE

22. DATE

(See Part IV on Reverse Side)



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TAB PLACEMENT HERE

DESCRIPTION:

Contract Data

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TAB PLACEMENT HERE

DESCRIPTION:

J.O. Pending

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BASE MAINTENANCE JOB ORDER

bug

FY 01	AG/SAG	REQ. CODE b048		REQUEST # 01-76351		DIST. DATE - BY 10/1/01		FACILITY # 122	
AAC M67001	FA 23	WC 20	FC RP	OC/SOC	CAC	BRC	JN/LU EBHO	RON	RBC
WGC	TYPE OF WORK		PROJECT #		SKETCH	PLAN	PRIME VENDOR		

FOR FURTHER INFORMATION CONTACT: D.E. RAYNOR 451-0888

GENERAL JOB DESCRIPTION: PATCH, PRIME AND PAINT STORE ROOM, POT SCHACK, SALID ROOM AND

BUILDING 122 MESSHALL INTERIOR REPAIRS AND PAINTING.
 1 PATCH AND REPAIR PLASTER/ SHEETROCK, POINT, FILL AND SAND ALL HOLES AND CRACKS.
 2 PRIME ALL AREAS WITH OIL BASE PRIMER.
 3 PAINT TWO COATS ALL AREAS.
 LOCATION, STORE ROOM, POT SCHACK ROOM, SALID ROOM, OFFICES, TWO HEADS AND BOTH HALLWAYS.
 CONTRACTOR, JAY AMMON DRYWALL AND PAINTING 252 393-6676

START DATE: 10/1/01 COMPLETED DATE 10/5/01

3/21/02

PHASE SEQUENCE			SUMMARY OF ESTIMATES					
PHASE NO.	WORK CTR	EST HRS	SHEET NO.	WORK CTR	LABOR COST	MATERIAL COST	OVERHEAD & PROFIT	TOTAL COST
					5600.00	1400.00	805.00	7805.00
TOTALS					5600	1400	805	\$7,805.00

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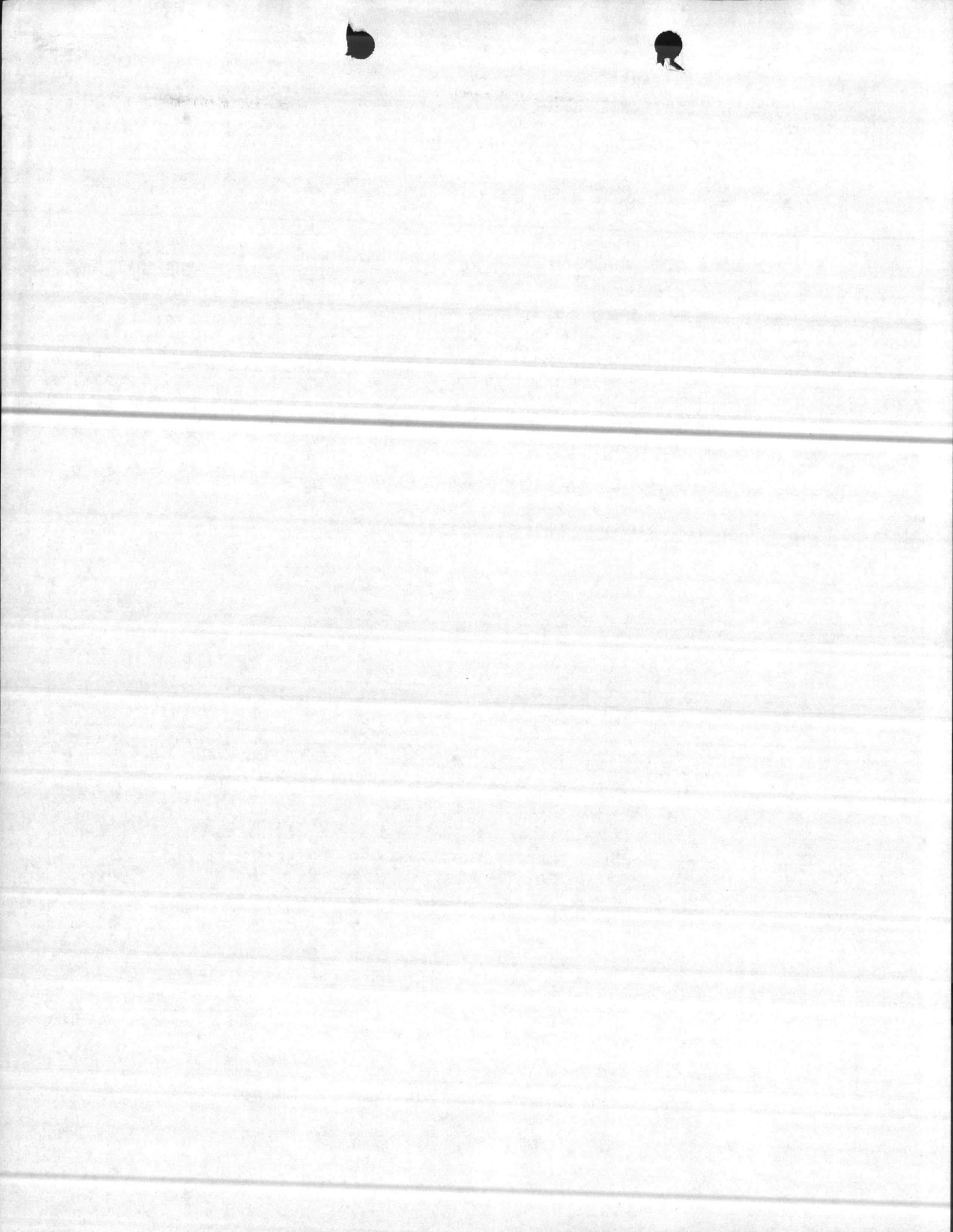
PREPARED BY: DE RAYNOR

DATE:

TICKET # 01-76351

REVIEWED BY: *SR* 10/01/01

AUTHORIZED BY: *Euhlin* DATE: 10/01/01



0118

BASE MAINTENANCE JOB ORDER

FY 01	AG/SAG	REQ. CODE			REQUEST # PM# 093A-01	DIST. DATE - BY 7-2-01		FACILITY # MESS HALL 122	
AAC M67001	FA 23	WC	FC	OC/SOC	CAC	BRC	JN/LU EBHO	RON	RBC
WGC	TYPE OF WORK REPAIR		PROJECT #		SKETCH	PLAN	SPECIAL INSTRUCTIONS CYCLIC MAINTENANCE		

FOR FURTHER INFORMATION CONTACT: JOHN YANKOSKY 451-0877 TICKET # 01-49903

GENERAL JOB DESCRIPTION: MISC. STRUCTURAL, ELECTRICAL, MECHANICAL, & PLUMBING REPAIRS
TO ALL ROOMS AND PUBLIC AREAS

FOR ENTRY INTO BUILDING CONTACT:

START DATE: 8/20/01 NEED MATERIAL BY: 8/13/01

START DATE: 13 Aug 01 COMPLETE BY: COMPLETION DATE: 9/14/01

PHASE SEQUENCE				SUMMARY OF ESTIMATES				
PHASE NO.	WORK CTR	EST HRS	SHEET NO.	WORK CTR	LABOR HRS	LABOR COST	MATERIAL COST	TOTAL COST
1	41 CG MECHAN	16		41CG MECHAN	16	\$ 336		\$ 336
2	41CG ELEC	16		41CG ELEC	16	\$ 336		\$ 336
3	41CG STRUCT	16		41CG STRUCT	16	\$ 336		\$ 336
							\$ 921	\$ 921
TOTALS					48	1008	921	\$ 1,929

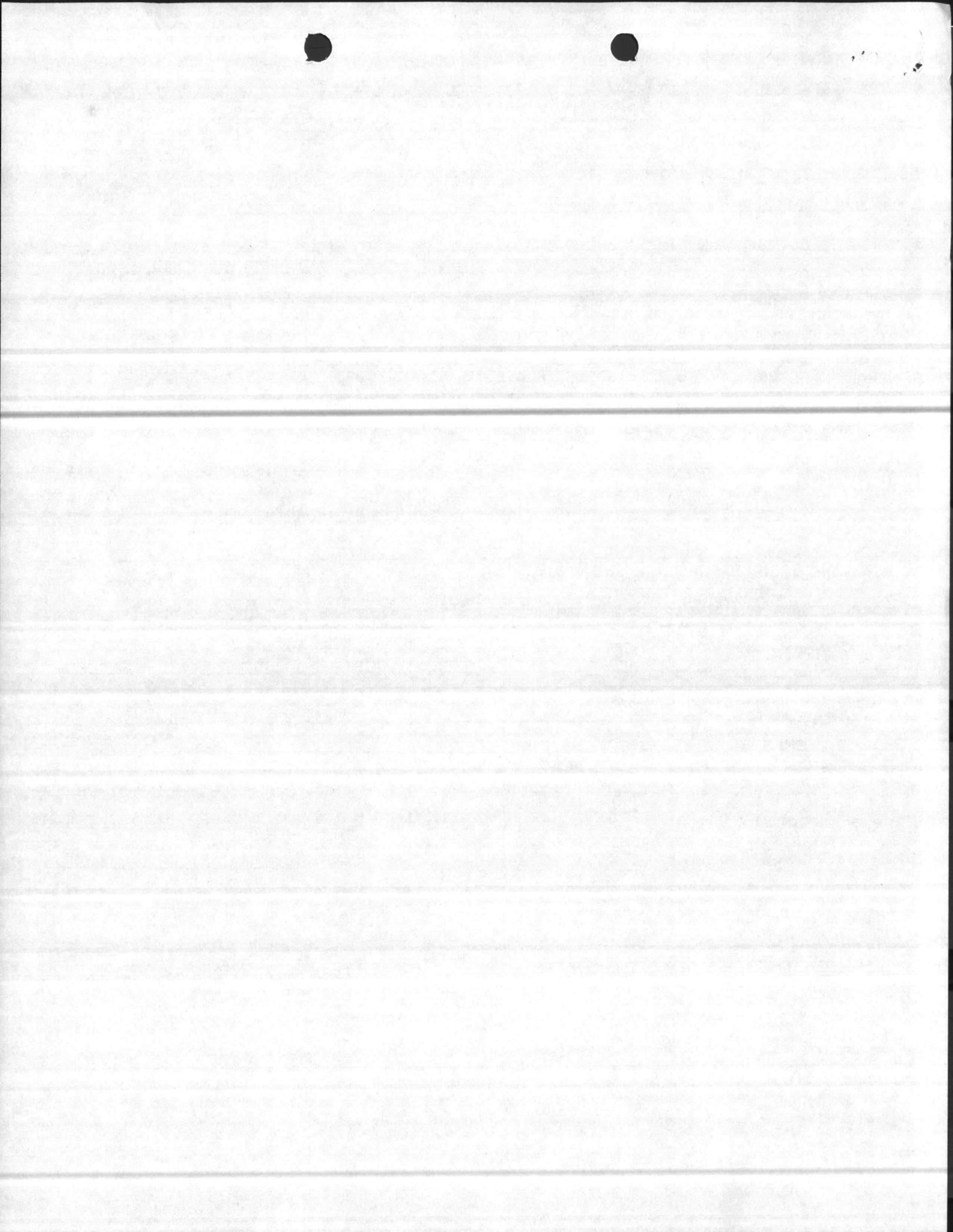
CONTINUED ON SH _0_ THRU _0_

PREPARED BY: JOHN YANKOSKY DATE: 06/29/01

REVIEWED BY: *Don Brown*

AUTHORIZED BY: *Ewh...* DATE: 8/21/01

SHEET _1_ OF _17_



DATE: 6/29/01

EPS JOB: 122

*** FEJE - DETAILED ESTIMATES ***
*** PHASE SUMMARY SHEET ***

PAGE: 1

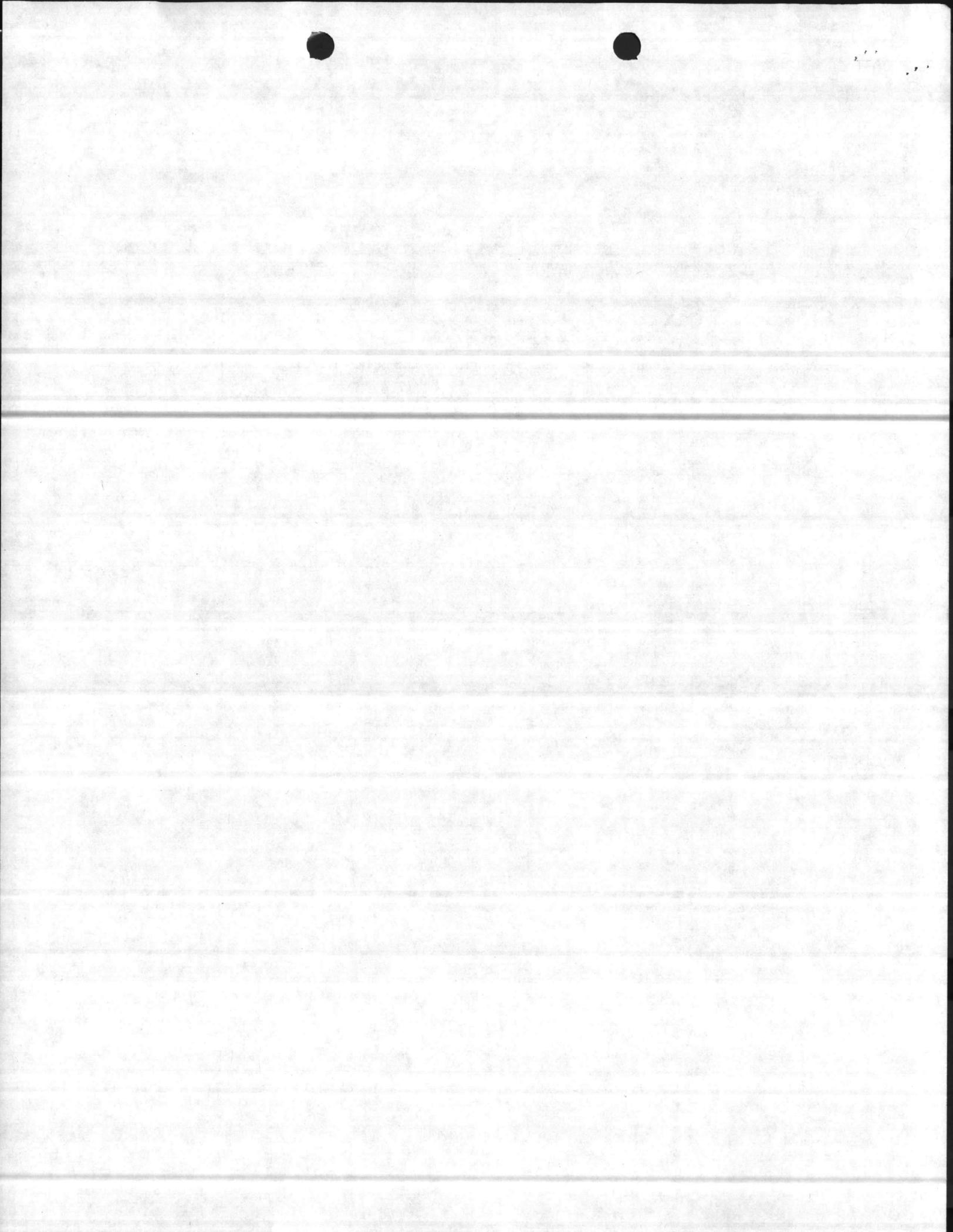
*** PHASE DESCRIPTIONS ***

CRAFT/PHASE	JOB/IFS	WORK CENTER	CRAFT NAME	BLDG/ FACILITY	EST HOURS
1	1/1	41CG	COMPANY CONCEPT CARPENTER MISC STRUCTURAL, ELECTRICAL, MECHANICAL, & PLUMBING REPAIRS TO ALL ROOMS AND PUBLIC AREAS.	/ 22	0

*** TOTAL NUMBER OF PHASES ARE *** 1

*** THE LAST PHASE HAS BEEN PRINTED ***

(2)



DATE: 01/06/29

EPS JOB: 122

*** FEJE - DETAILED ESTIMATES ***
*** BILL OF MATERIALS ***

PAGE: 1

WORK REQUEST NUMBER: 122
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/29
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

(1)

MCN-NSN: 6210-00-TLM-NP240	UNIT OF ISSUE: EA	SOURCE OF SUPPLY: CRA
QUANTITY: 8	UNIT COST: 50.20	TOTAL COST: 401.60
LOCATION:		

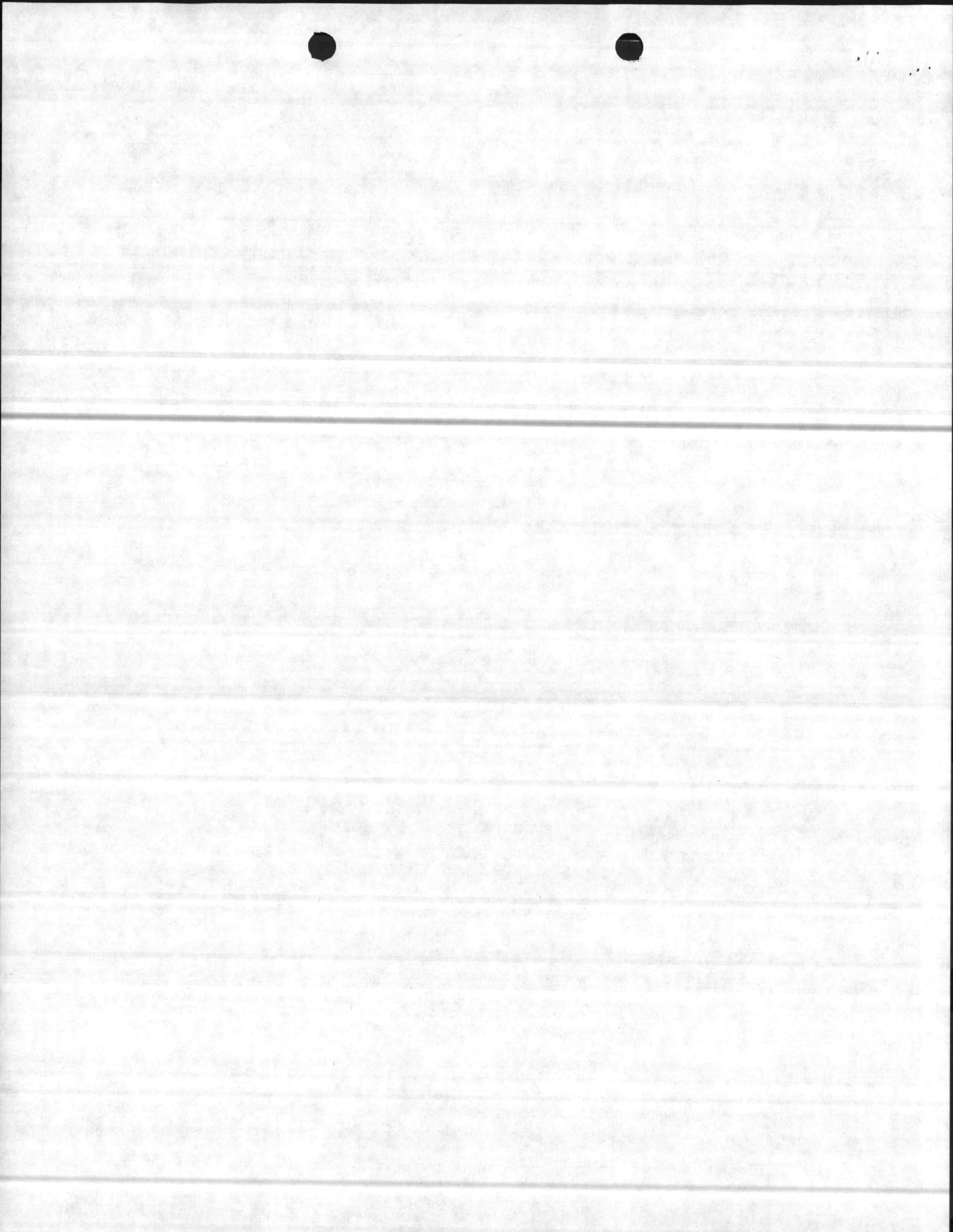
DESCRIPTION: LENS, 4FT. FLUOR, VAPOR PROOF
 CRAVEN PART # TLM-WP240
 ORDERED FOR G-542, HP-295
 S/S CRAVEN ELECTRIC, PH# 353-4643
 ALSO ORDERED FOR AS-4030
 USED IN LAUNDRY ROOM HP-445
 KEVIN PLEASE ORDER PLASTIC HOLDER CLIPS THAT FIT THIS
 LENS.
 S/S LONGLEY, 455-3311, GENE
 S/S WILMINGTON, 1-800-672-0434

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SOS TOTAL COST: \$401.60

*** CONTINUED ON PAGE 2 ***

(3)



DATE: 01/06/29

EPS JOB: 122

*** FEJE - DETAILED ESTIMATES ***
*** BILL OF MATERIALS ***

PAGE: 2

WORK REQUEST NUMBER: 122
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/29
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

②

MCN-NSN: 5640-ME-SSH-ALL00 UNIT OF ISSUE: BX SOURCE OF SUPPLY: JKS
QUANTITY: 3 UNIT COST: 46.80 TOTAL COST: 140.40

LOCATION:

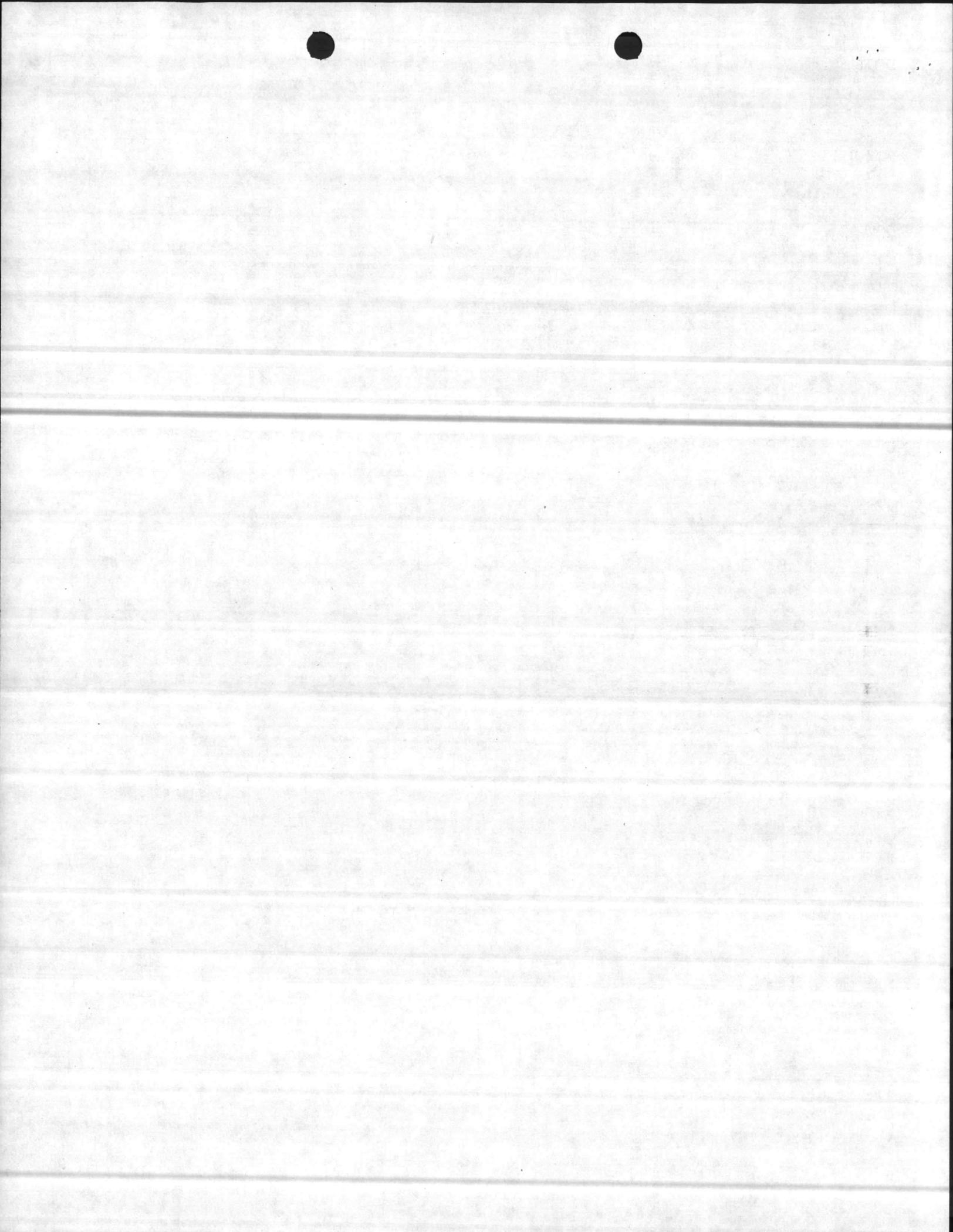
DESCRIPTION: TILE, CEILING 2 X2 FOR MESS HALLS WITH EDGE FOR DROP IN
HOLDS UP BETTER THAN REGULAR TILE IN WAREHOUSE
S/S JACKSONVILL BUILDERS, 455-3961
ASCUE LUMBER ALSO CARRIES THIS
PART # 550 SAVILL ROW, (ASPEN 650), USG TILE

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SOS TOTAL COST: \$140.40

*** CONTINUED ON PAGE 3 ***

②



WORK REQUEST NUMBER: 122
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/29
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 4106

3

MCN-NSN: 4510-01-C00-86350 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 3 UNIT COST: 10.85 TOTAL COST: 32.55
LOCATION:
DESCRIPTION: HOLDER, TOILET TISSUE, SURFACE MOUNT, SGL RD,
STEEL CHROME FINISH.
USE THIS ONE FOR RR & GEIGER AND PUBLIC HEADS

4

MCN-NSN: 5640-00-C00-57320 UNIT OF ISSUE: BX SOURCE OF SUPPLY: LOC
QUANTITY: 1 UNIT COST: 21.00 TOTAL COST: 21.00
LOCATION:
DESCRIPTION: TILE, CEILING, 2' X 4' X 5/8", ACOUSTICAL, FISSURED
STYLE, PAINTED WHITE FINISH, MINERAL FIRE RESISTANT.
562 US GYPSUM.

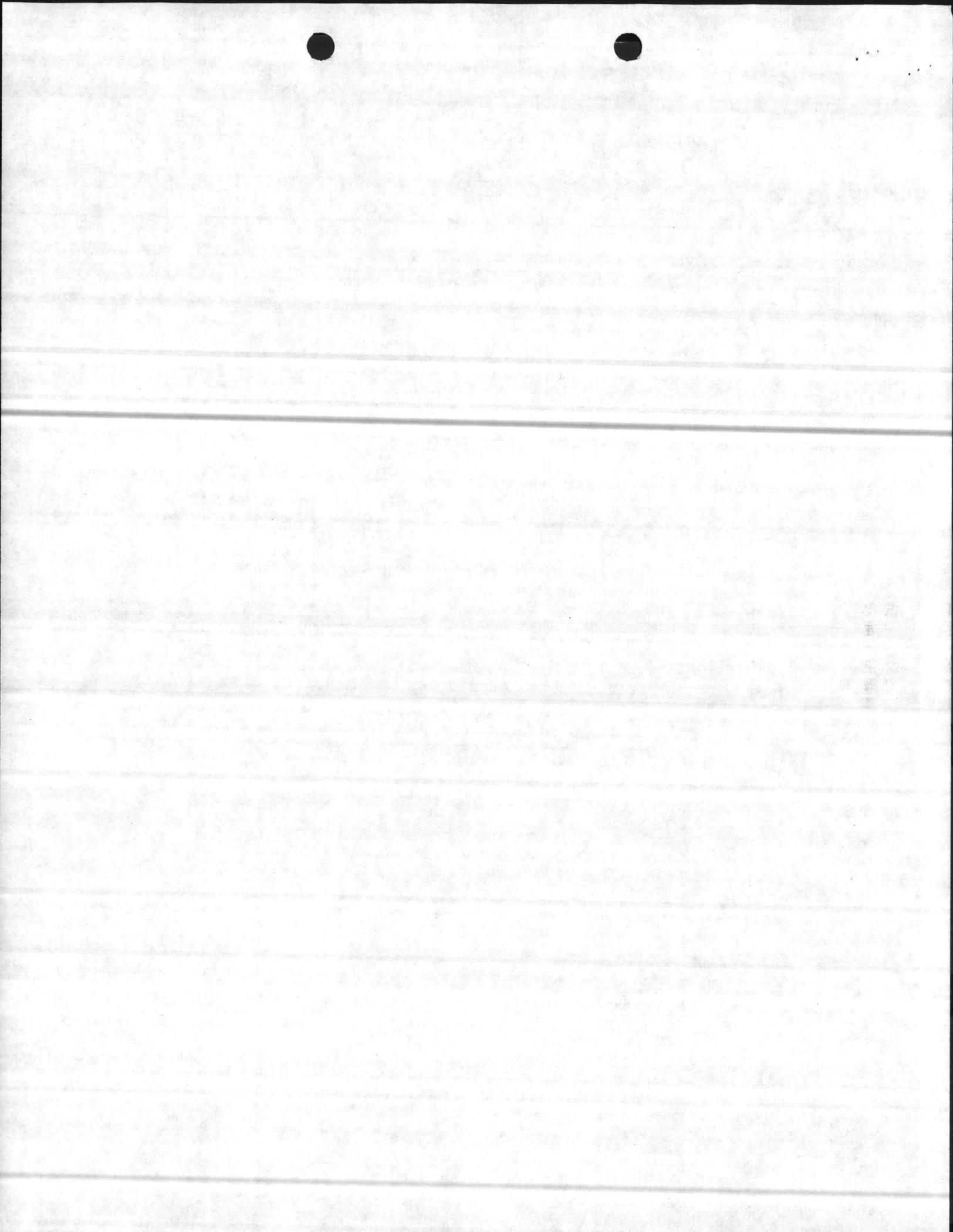
5

MCN-NSN: 5975-00-682-05590 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 20 UNIT COST: .59 TOTAL COST: 11.80
LOCATION:
DESCRIPTION: PLATE, WALL, ELEC, 1 GANG, OUTLET TYPE, STAINLESS
STEEL, SATIN FINISH, P/N 97101 (BRYANT)
S/S WILMINGTON ELECTRIC, JOHN VALENZUELA, 1-800-672-0434
PART # SS1, STAINLESS STEEL SINGLE GANG PLATE, (RECEP)

6

MCN-NSN: 5975-00-682-05610 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 10 UNIT COST: .92 TOTAL COST: 9.20
LOCATION:
DESCRIPTION: PLATE, WALL, ELECTRIC, 1 GNGMTBGL SWITCH TYP, STNLSS
STL, SATIN FINISH.
SINGLE SWITCH COVER

7



DATE: 01/06/29

EPS JOB: 122

FEJE - DETAILED ESTIMATE ***

PAGE: 4

*** BILL OF MATERIALS ***

WORK REQUEST NUMBER: 122
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/29
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

7

MCN-NSN: 6230-01-217-71850 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 2 UNIT COST: 59.15 TOTAL COST: 118.30
LOCATION:
DESCRIPTION: LIGHTSET, EMERGENCY, 120/277V, LIGHTS W/LEAD-
CALCIUM TYPE BATTERY. (FED SPEC) 81348.
MOST FREQUENTLY USED, SMALL, LIGHT WEIGHT

8

MCN-NSN: 6240-01-004-31070 UNIT OF ISSUE: BX SOURCE OF SUPPLY: LOC
QUANTITY: 2 UNIT COST: 34.20 TOTAL COST: 68.40
LOCATION:
DESCRIPTION: LAMP, FLOUR, MED BIPIN, T-12 BULB, COOL WHITE 35W,
T-BULB STYLE, 48" LONG. 30 PER BOX.

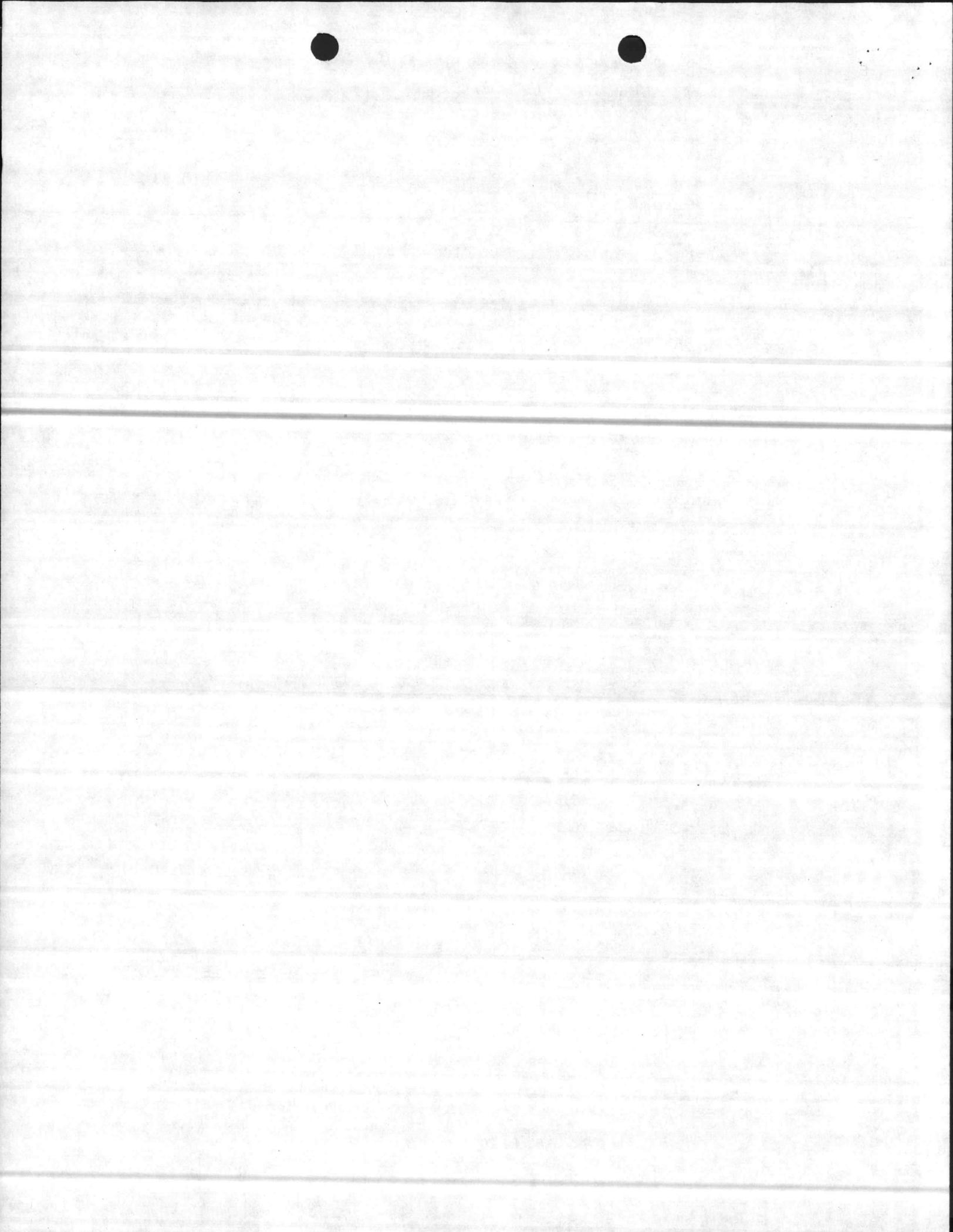
9

MCN-NSN: 6240-01-077-11270 UNIT OF ISSUE: EA SOURCE OF SUPPLY: LOC
QUANTITY: 12 UNIT COST: 1.96 TOTAL COST: 23.52
LOCATION:
DESCRIPTION: LAMP, FLUOR, 60W, SINGLE PIN BASE, T-12 BULB, COOL WHITE,
BALLAST OPERATED, 96" L, INSTANT START.
P/N F96T12/LW/EW/W (GE)

SOS TOTAL COST: \$284.77

*** CONTINUED ON PAGE 5 ***

9



WORK REQUEST NUMBER: 122
ACCOUNT CODE NUMBER: B048
PREPARED BY: JOHN YANKOSKY
JOB ORDER NUMBER:

PHASE NO: 1 IFS PHASE NO: 1
DATE CREATED: 01/06/29
DELIVERY DATE: 01/08/13
DELIVER MATERIALS TO: 41CG

(10)

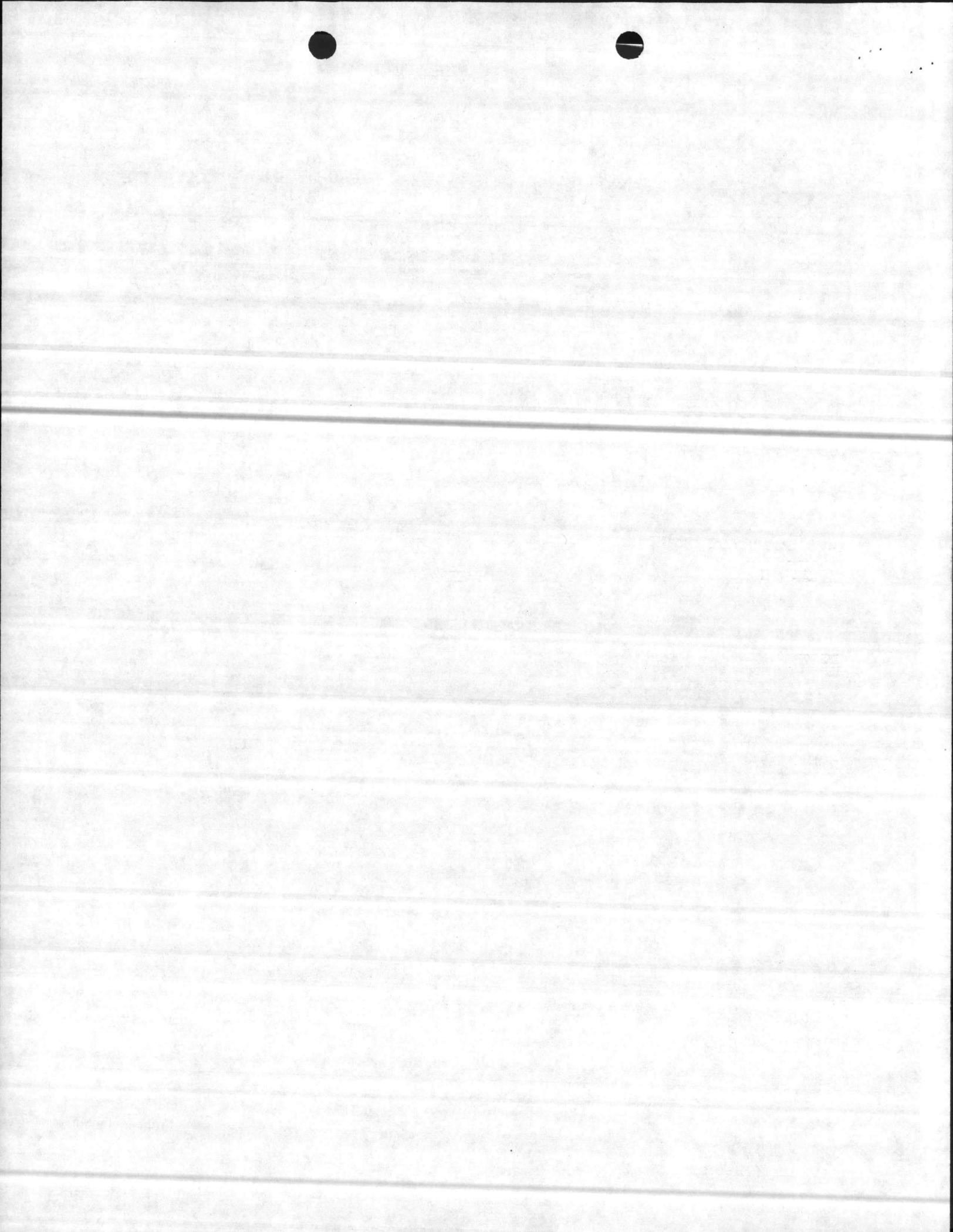
MCN-NSN: 5935-EA-GL8-20080	UNIT OF ISSUE: EA	SOURCE OF SUPPLY: LON
QUANTITY: 10	UNIT COST: 4.03	TOTAL COST: 40.30
LOCATION:		
DESCRIPTION: RECEPTICLE, BACK PLUG IN & SIDE CONNECTION		
HOSPITAL GRADE/SPEC GRADE, MORE DURABLE		
S/S LONGLEY SUPPLY, GENE/LARRY, 455-3311		
PART #8200HB WITH METAL STRAP , EAGLE		

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SOS TOTAL COST: \$40.30

*** CONTINUED ON PAGE 6 ***

(V)



DISCREPANCIES FOR MESS HALL 122

CIVILIAN CONTRACTOR

1. REPAIR 4 FT FLUORESCENT LIGHTS

MESS CHIEF

1. REPLACE DAMAGED/SOILED CEILING TILE

MESS ADMINISTRATION

1. REPLACE DAMAGED/SOILED CEILING TILE

FAST FOOD MESS DECK

1. REPLACE DAMAGED/SOILED CEILING TILE

WOMEN'S HEAD

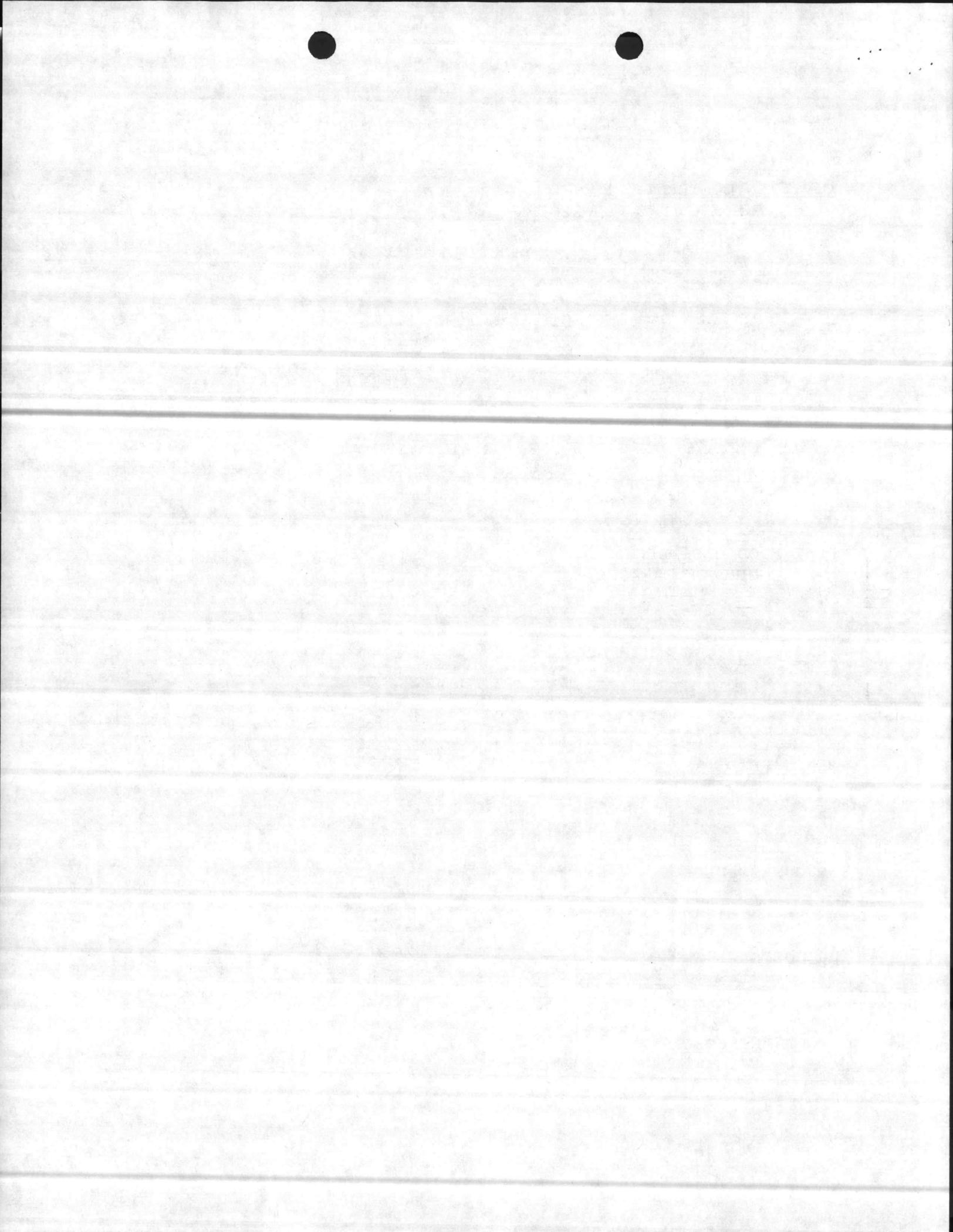
MEN'S HEAD

SNCO MESS DECK

NCO DECK

TROOP MESS DECK

②



DISCREPANCIES FOR MESS HALL 122

MAIN SERVING LINE

1. REPLACE 2 X 4 CEILING TILE

FAST FOOD SERVING LINE

1. REPLACE DAMAGED/SOILED 2 X 4 CEILING TILE

GALLEY

1. DEEP SINK FAUCET DRIPS

SCULLERY

1. REPLACE DAMAGED 4 FT LENS

POT SHACK

SALAD ROOM

- 1 REPLACE DAMAGED/SOILED 2 X 4 FT FLUORESCENT LIGHT

STORE ROOM

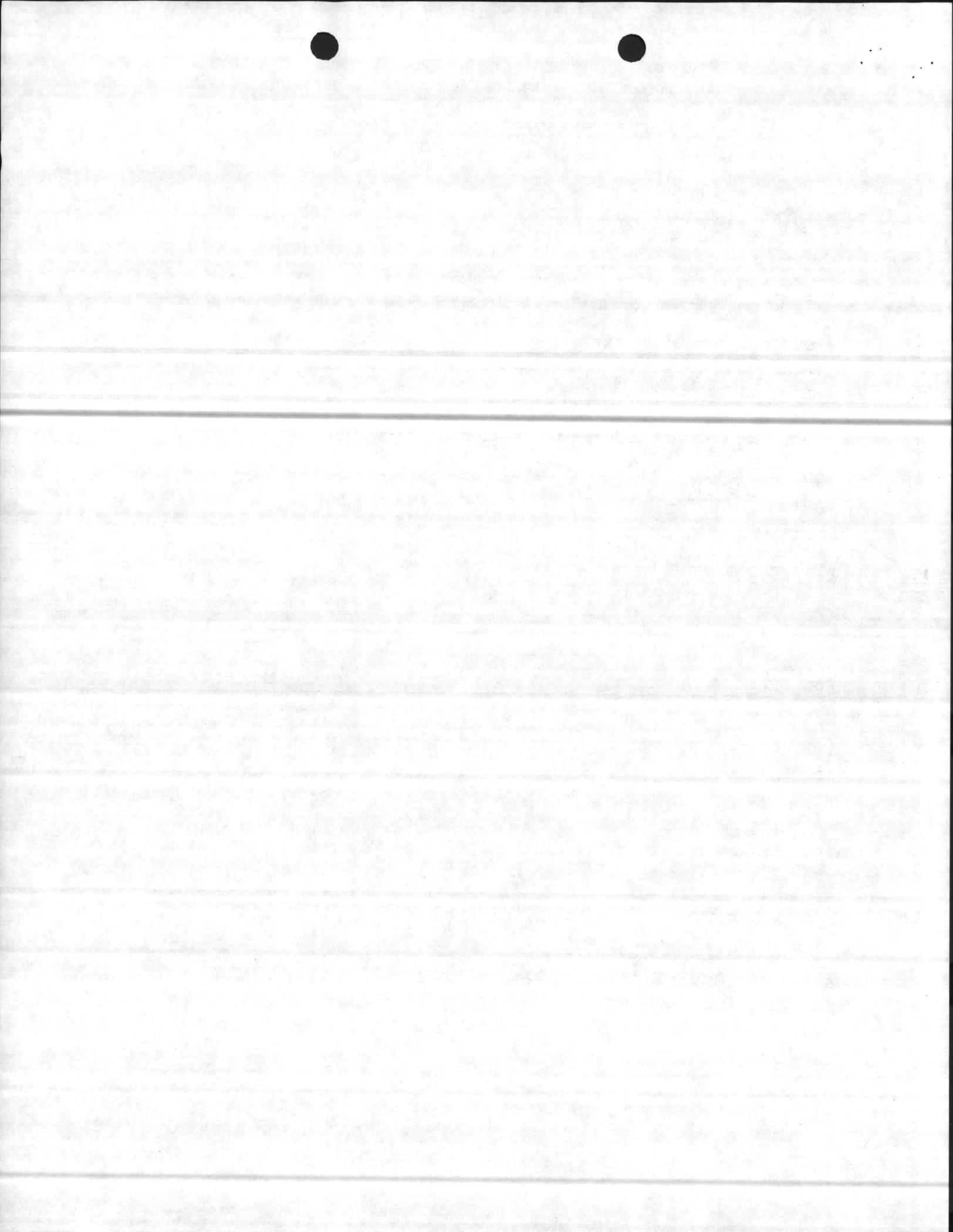
1. REPAIR 8' FLUORESCENT LAMP.

SUBSISTENCE ROOM

GI SHACK

1. REPLACE 4 FT LENS

12



DISCREPANCIES FOR MESS HALL 122

HALLWAY

WOMEN'S HEAD

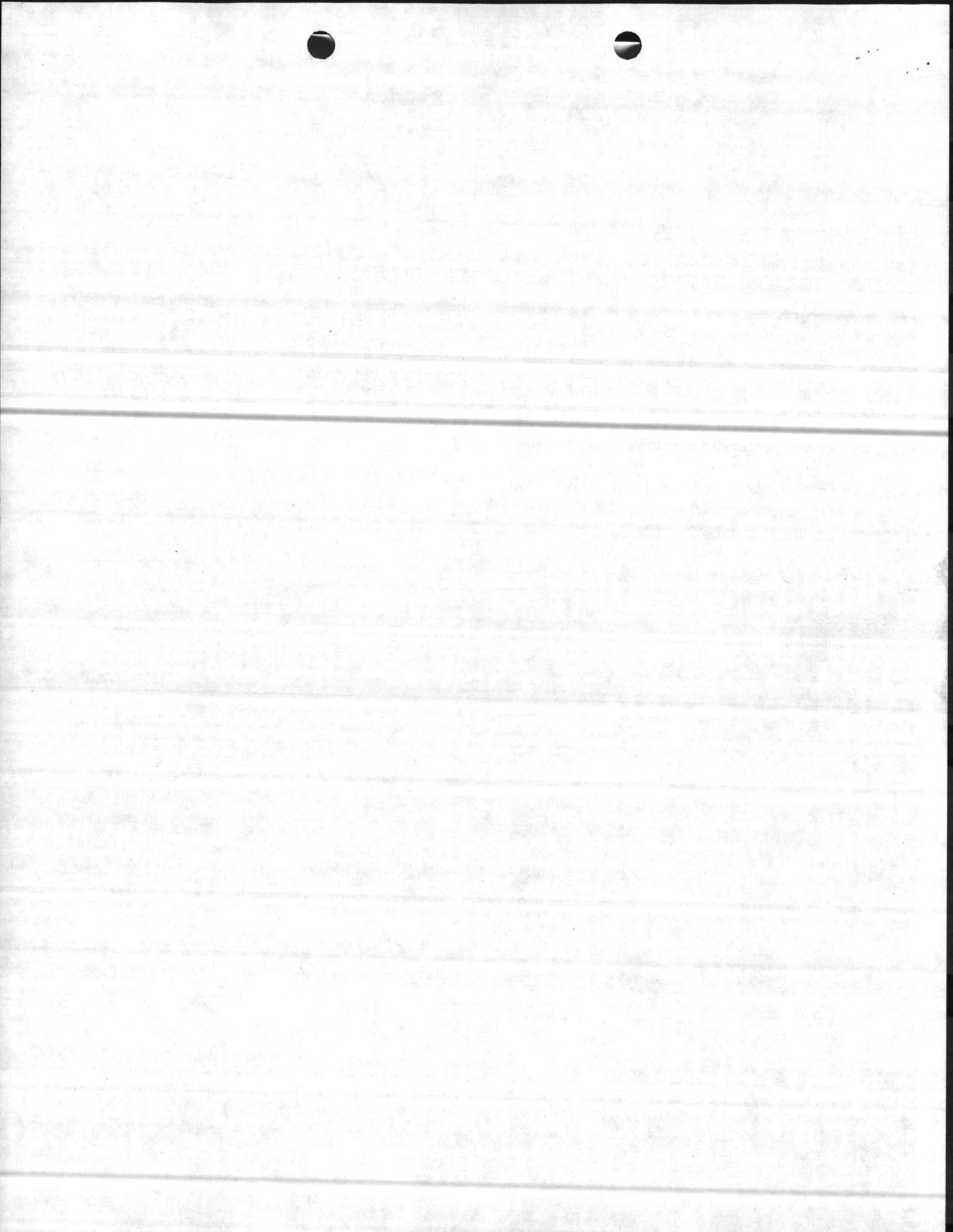
1. SECURE SINK & CAULK

MEN'S HEAD

1. INSTALL 2 EA TOILET PAPER HOLDERS
2. REPAIR DOOR LATCH ON TOILET STALL DOOR.

DRY STORE ROOM

- 1.. REPAIR 8 FT FLUORESCENT LIGHTS.



CSI	Item Description for Bldg 122	Takeoff Quantity	Unit	Mat	Total
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01 General Requirements

01520500	WORK TRAILER, SET UP		each		
01832350	TIME ALLOWED FOR SECURING TOOLS DAILY		DAYS		
01832350	TIME ALLOWED FOR CLEANUP PER ROOM		ROOM		
01832350	ESTIMATED TIME FOR GOING IN ROOMS WITH NO IDENTIFIED DESCR.		ROOM		
01832350	ESTIMATED TIME FOR REPAIRS ON BLDG WITH NO INSPECTION		ROOM		
01832350	TIME ALLOWED FOR DOCUMENTING REQUIRED REPAIRS IN ROOM		UNITS		
01832350	TIME ALLOWED FOR MECHANICAL REPAIRS	16.0	UNITS		
01832350	TIME ALLOWED FOR ELECTRICAL REPAIRS	16.0	UNITS		
01832350	TIME ALLOWED FOR STRUCTURAL REPAIRS.	16.0	UNITS		

Items Total **General Requirements Total**

06 Wood & Plastics

06110530	Framing joists, 2x8, mout/bolt concrete, sec dryers		each		
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Items Total **Wood & Plastics Total**

08 Doors & Windows

08710340	Doorstops, kick down pad, replace		each		
08710340	Door stop, holder, wall mounted with hook and bumper		each		
08710340	Pull handle, install, passageway door		each		
08710340	Door stop, kick down, mounted on door		each		
08710400	Lock, bathroom, passageway/ replace		each		
08710400	Passageway door, lock set, repair		each		
08720800	Threshold, install new		each		
08720800	Cover, drain, install on drain		each		
08720800	Vanity, cabinet hinges, secure		each		
08720800	Vanity, cabinet door, replace		each		
08720800	Vanity, cabinet door secure		each		
08720800	Vanity, cabinet hinges, replace		each		
08720800	Wall locker, repair		each		
08720800	Window, spray frosted tint to secure vision.		each		
08720800	Tile, ceramic around shower drain		each		
08720800	Tile, floor tile replace		each		
08720800	Window, lock replace		each		
08720800	Drip cap, secure		each		
08720800	Threshold, secure, existing unit		each		

Items Total **Doors & Windows Total**

09 Finishes

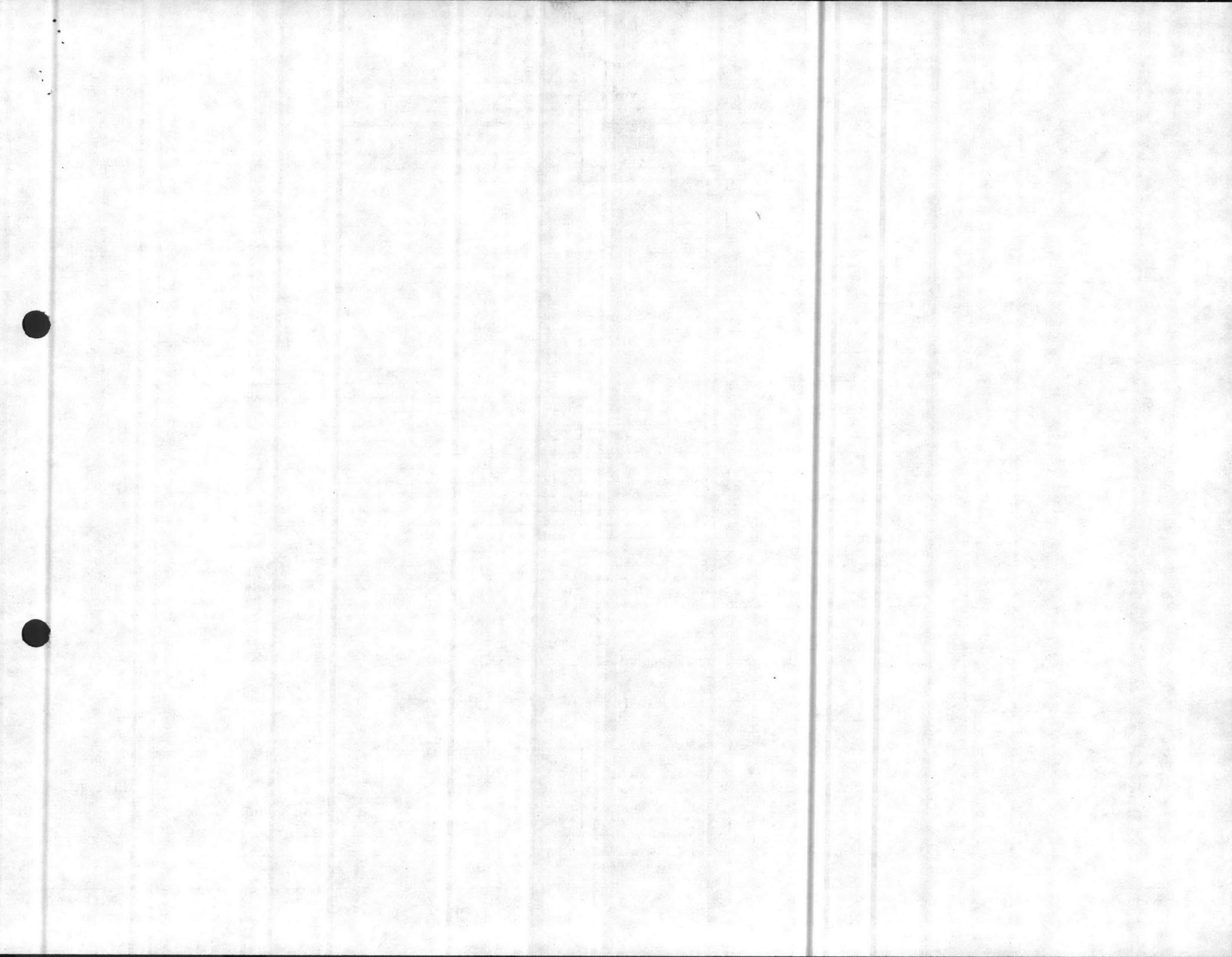
09510700	Tile, ceiling, remove ceiling fan & replace ceiling tile		each		
09510700	Tile, ceiling tile spline 2 x 2 ft		each		
09510700	Tile, ceiling 2 x 4' replace		each		
09510700	Tile, ceiling tile spline 1 x 4 ft		each		
09510700	Tile, ceiling, 2 x 2, replace		each		

Items Total **Finishes Total**

10 Specialties

10430200	signs, room, instal		each		
10430200	signs, toilet/sink etc., number identification		each		
10430200	signs, build.numb., instal		each		
10820100	Bathroom accessories, mirror 30 x 30		each		
10820100	Mirror, bathroom, 18 x 24.		each		
10820100	Bathroom accessories, toilet seat, rem.old & replace		each		
10820100	Bathroom accessories, toilet paper roller.		each		

12



CSI	Item Description for Bldg 122	Takeoff Quantity	Unit	Mat Total
10820100	Bathroom accessories, toilet paper holder, install new		each	
10820100	Bathroom accessories, towel bar, stainless steel, 18" long		each	
10820100	Bathroom accessories, towel hook, secure		each	
10820100	Bathroom accessories, coat hook, install		each	
10820100	Bathroom accessories, towel bar, stainless steel, 30" long		each	
10820100	Bathroom accessories, towel bar install, 24"		each	
10820100	Bathroom accessories, toilet partition, secure		each	
10820100	Bathroom accessories, tumbler holder, soap, tumbler & toothbrush		each	

Specialties Total

12 Furnishings

12493200	Drapery hardware, tray & curtain rod, adjustable, 30" to 48"		each	
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Furnishings Total

15 Mechanical

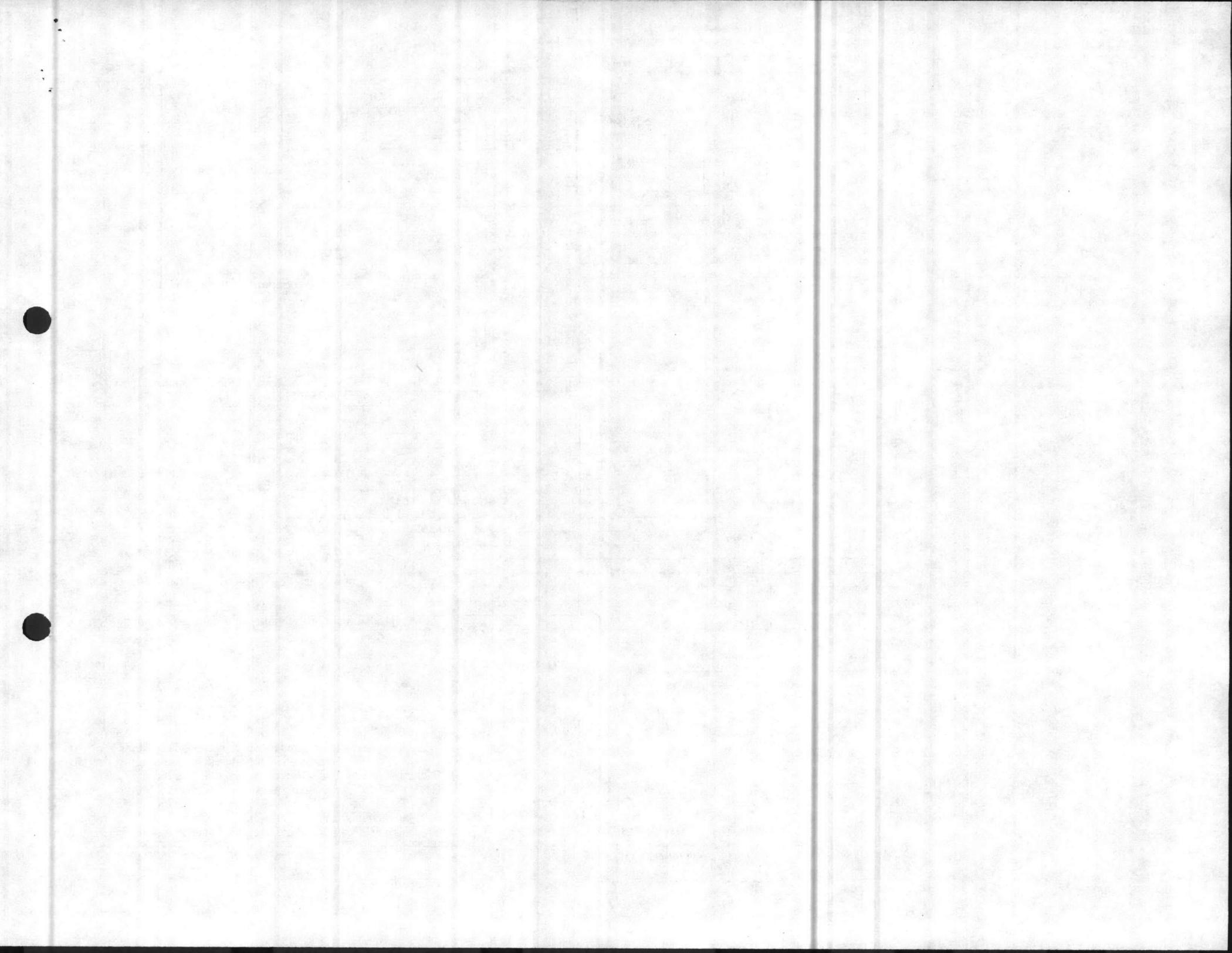
15410300	Faucet, hot & cold water identificatin buttons, replace		each	
15410300	Faucet, aerator, replace/clean		each	
15410300	Faucet, supply lines, replace		each	
15410300	P-Trap, 1 1/4"/1 1/2" replace		each	
15410300	P trap, repair leak		each	
15410300	Vanity, replace,cabinet,top,faucet, supply lines & trap		each	
15410300	Faucets stem, room repair		each	
15410300	Faucet, repair, deep sink		each	
15410300	Faucet, replace, deep sink		each	
15410300	Faucet, replace, room		each	
15410300	Faucet, pop, remove/repair		each	
15418450	Lavatories, W/trim, vanity top, cultured marb, 37" x 22", sgl bowl		each	
15418500	Shower head, replace		each	
15418500	eschutcheon, at shower head, replace		each	
15418500	Eschutcheon, shower valve, secure		each	
15418500	Shower head, remove institutional style, install pipe & new shower head		each	
15418500	Valve, shower valve, remove/repair/replace stem		each	
15830100	Fan ,exhaust, repair, rattle noise		each	
15850500	grille, ac return filter grille, install		each	
15850500	Panel, AC access, secure		each	

Mechanical Total

16 Electrical

16139700	Detector, smoke, secure		each	
16139700	Detector, smoke, interior room, replace		each	
16139700	Detector, smoke, replace battery		each	
16140910	Switch, single pole,/light		each	
16140910	Switch, push button,fluor light		each	
16140910	Switch, double/light		each	
16140910	Recepticle, replace		each	
16140910	Recepticle, secure recepticle & cover		each	
16140910	GFI, replace		each	
16140910	Cover, recep/gfi/switch, replace		each	
16510440	Fixture, interior, 3ft fluor, replace		each	
16510440	Fixture, interior, 2 ft fluor, replace		each	
16510440	Ballast, replace 2,3, &4 ft fluorescent light		each	
16510440	Fixture, exterior, harris light, remov.exis&instal new.		each	
16510440	Lens, cover, harris light, head/replace		each	
16510440	Lens, fluorescent, 3ft, replace		each	

13



CSI	Item Description for Bldg. 122	Takeoff	Quantity	Unit	Mat	Total
16510440	Lens, fluorescent, 2 ft,replace			each		
16510440	Lens, fluorescent, 4ft replace			each		
16510440	Ballast, replace/ interior fluorescent fixture			each		
16530320	Exit light, repair			each		
16530320	Exit light clg or wall mount, L.E.D. battery unit, single face			each		
16530320	Emergency light, repair			each		
16530320	Fan, exhaust, replace cover			each		
16530320	Fan, exhaust/room, replace			each		
16530320	Emer lt units,btry operated,twin sealed bm lt,25 W,6 V ea,lead btry			each		
16585600	Lamps, "U" tubes, lounge			each		
16585600	Lamps, incadescent			each		
16585600	Lamps, 7 watt for harris fixture head/exterior security			each		
16585600	Lamps, fluor, exterior, security, 7watt			each		
16585600	Lamps, fluorescent, 2 ft, replace			each		
16585600	Lamps, fluoroescnt, 4 ft, replace			each		
16585600	Lamps, fluorescent, 3ft, replace			each		
16585600	Lamps, 4 & 8' located on 10ft+ceilings			each		
16585600	Lamps, incadescent, red/night lights.			each		
Electrical Total		Electrical Total				

07 Conveying

071210194	H) clean and adjust proximity devices on door.			each		
Conveying Total		Conveying Total				

08 Mechanical

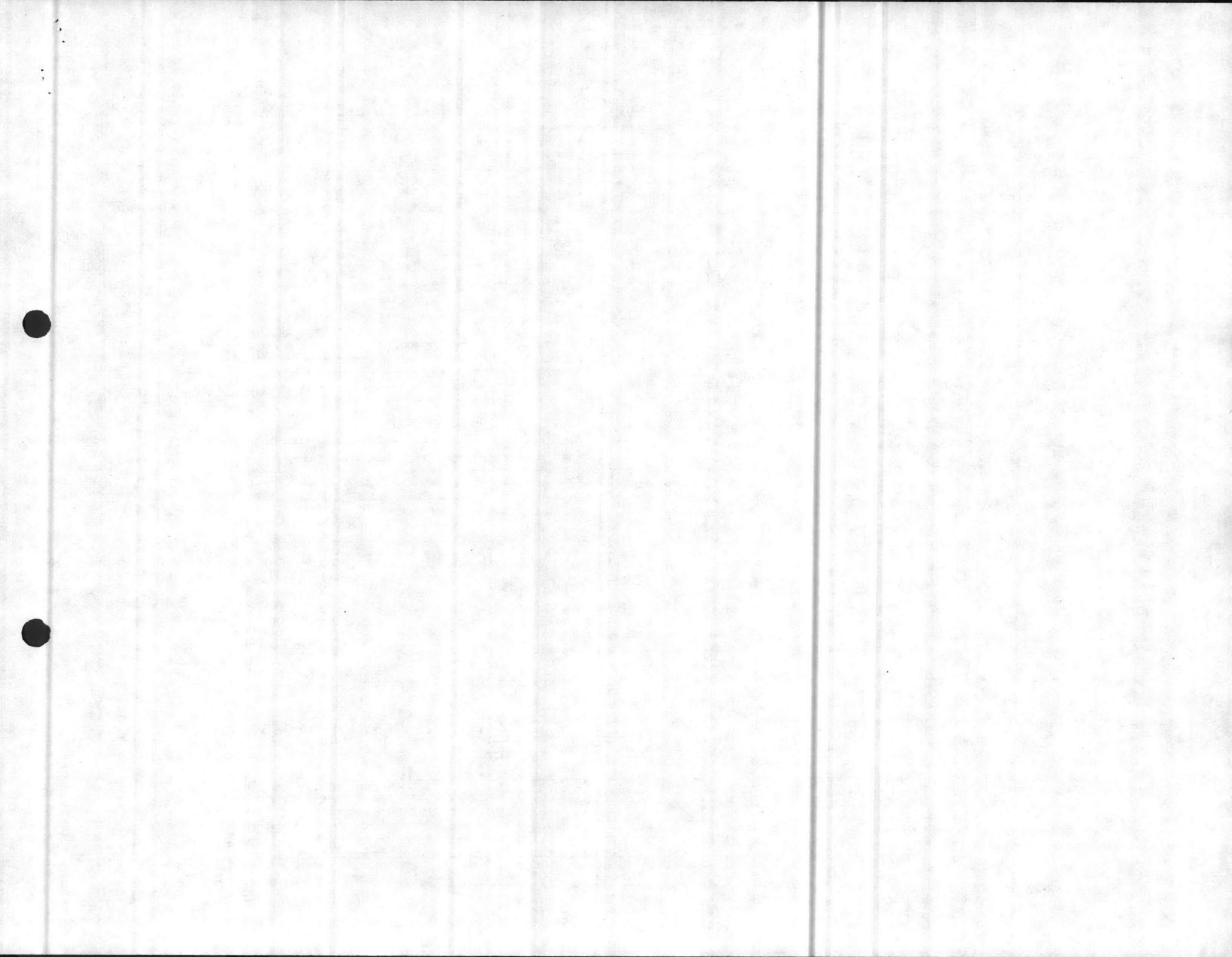
08110900	Door saver, instal,			each		
08110900	Closure, door, remove			each		
08110900	Door hardwar, replace			each		
08110900	Sink, secure & caulk			each		
08110900	Closure, door, repair			each		
08110900	Install new hinge			sets		
08110900	Vanity/caulk, repair formica			each		
08110900	Lockset, bathroom, replace			each		
08110900	Lock, Window repair/replace			each		
08720300	Install weatherstripping			opng		
08720300	Weather stripping, secure existin.			opng		
08720300	Weather stripping, secure existin.			opng		
Mechanical Total		Mechanical Total				

09 (Unassigned)

09310100	Install new tiles			sqft		
09310100	Tile, ceramic, replace			sqft		
09310100	Ceiling, repair, paster/sheetrock			sqft		
(Unassigned) Total		(Unassigned) Total				

15 (Unassigned)

15410100	Valve, toilet, rebuild to repair leak/spud/flush vlv			each		
15410100	Valve, toilet, replace spud & vacuum breaker			each		
15410100	Valve, toilet, replace handle repair kit, toilet wont flush			each		
15410100	Drain, sink,repair leak			each		
15410100	Drain, shower, unclog			each		
15410100	Drain, sink, unclog			each		
15410100	Valve, toilet, adjust water, long/short flush			each		
15410100	Valve, shower, rebuild/replace			each		

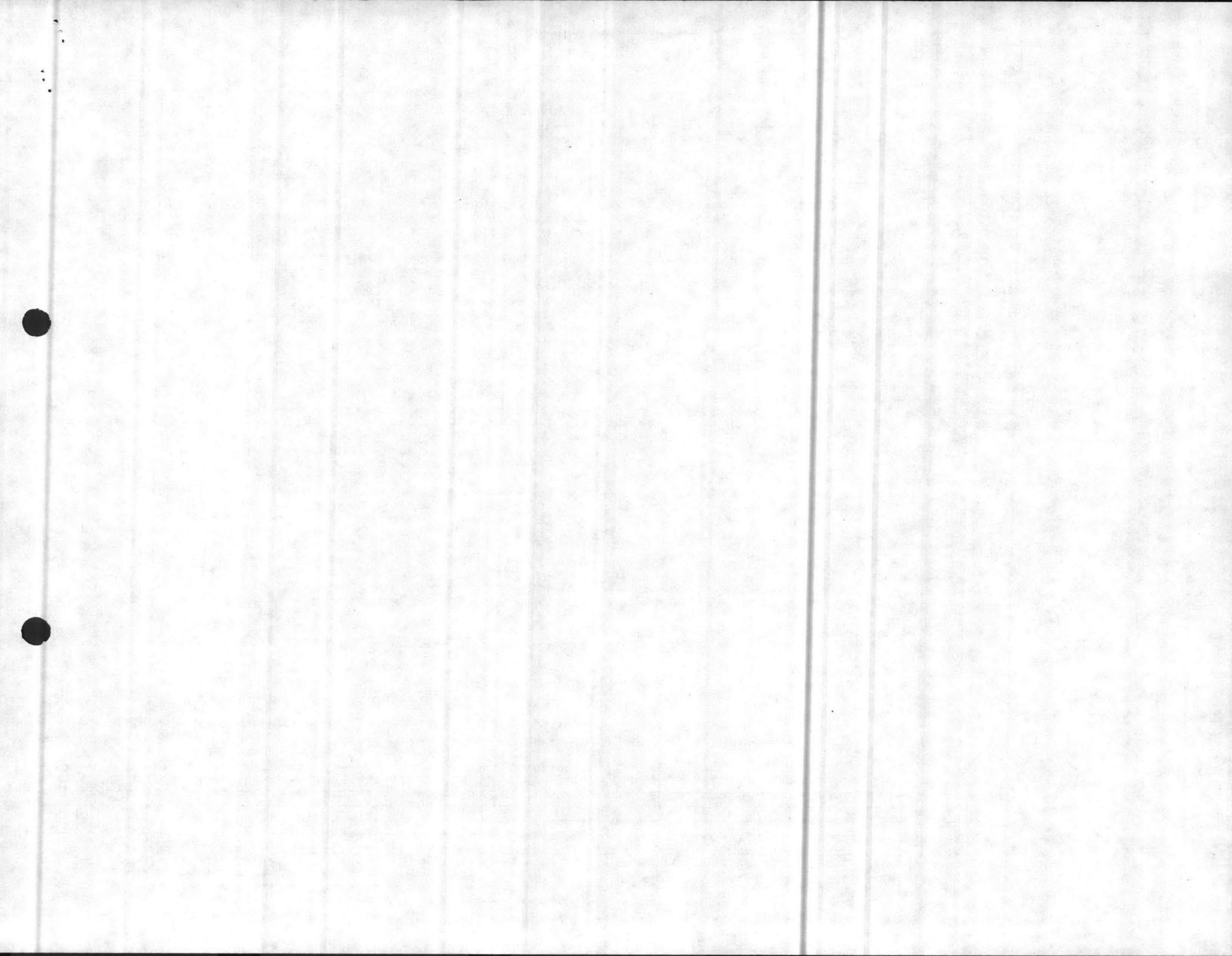


CSI	Item Description for Bldg. 122	Takeoff Quantity	Unit	Mat Total
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15410100	Valve, urinal rebuild		each	
15410100	Flexer, toilet flush vlv, replace		each	
15410100	Valve, urinal flush, replace		each	
15418400	Sink (to 23" x 18", single)		each	
15418400	Vanity, replace cabin.,top,faucet,supply lines,trap		each	

Assigned Total (Unassigned) Total

Grand Total item



Totals

6/29/01 9:27am

Percent	Amount	Category for Bldg 122	Hours	Job Cost Phase
100.00 %	1,411	Labor	48.0	
		Material		
		Subcontractor		
		Equipment		
		Other		
		User		
	1,411	Net Costs Subtotal		
	1,411	Total Estimate		\$0.00/item

(16)

